

Perception in American Sign Language Interpreted Interactions:
Gender Bias and Consumer Orientation

By

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ABSTRACT

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Research has shown that both women and Deaf people experience oppression, limiting their access to power and their workplace success, as well as coloring their experiences in the world (e.g., Baxter, 2012; Eckert & Rowley, 2013; Hancock & Rubin; Ladd, 2005; Punch, 2016; Williams & Tiedens, 2015). There has been little research, however, examining how gender bias toward the interpreter impacts perception of the Deaf consumer. In a survey of hearing people who do not know sign language, participants described their perception of a male Deaf presenter and rated him in 10 soft skill categories. Responses from participants who listened to a female interpreter were compared with responses from participants who listened to a male interpreter. Some patterns emerged that may be substantiated by future research, but definitive evidence of gender bias was not present.

This survey did result in an unexpected finding that emerged from participants' open-ended responses. Forty-four percent of participants were confused and/or distracted by the presenter's use of American Sign Language or by the process of watching the presenter and listening to the interpreter. Furthermore, participants who indicated confusion or distraction in their open-ended comments gave the presenter lower-than-average ratings in the soft skill categories. A review of the literature and of current

practice standards revealed that there is very little written on *orientation to the interpreted interaction*, wherein consumers are educated about what to expect during the interpreted interaction, how the interpreter will function, and how they can participate in ensuring that communication is accessible and inclusive.

Recommendations from this study include further research on the topics of gender bias and orientation to the interpreted interaction. Interpreters and consumers would also benefit from discussions within their Communities of Practice.

CHAPTER 1: INTRODUCTION

In the summer of 2017, I taught a workshop about the gender bias and the gender discrimination that female interpreters encounter on the job. I presented the research I had discovered during the process of developing this study and information that I found beneficial to my own practice. We conducted a group exercise where workshop participants—mostly women—volunteered descriptions of how they experienced bias and discrimination because of their gender while interpreting. These instances did not have to include a proven motive to legitimize that they were related to gender. We trusted each other's gut feelings to differentiate between sexism and something that was just an accident or someone having a bad day. Women in the workshop spoke up bravely, and we validated each other's stories by listening to them and writing them down. Examples of sexist behavior that these interpreters experienced in real life included everything from "I am often interrupted while I am interpreting" to "I have been inappropriately touched by a consumer." At the end of the exercise, we had a list of dozens of examples where female interpreters encountered bias, discrimination, and/or harassment while working. After looking over the list, I asked how many of the women present had experienced at least one of these things during their career. Every hand in the room went up.

Previous research has described some of the ways in which female interpreters experience gender bias and has documented interpreters' acknowledgement that their gender does impact their consumers (Artl, 2015; Brück, 2011; Morgan, 2008).

Oppression of women (sexism) and oppression of Deaf individuals (audism) has also been well documented. Until now, however, there has been a lack of research on how the gender of the interpreter impacts consumers, the interpreted interaction, and the consumers' perceptions of each other. This study is designed to contribute data to the story that female interpreters are telling—that gender bias, while sometimes subtle, is present in interpreted interactions and has an impact on both interpreters and consumers.

I started on this journey because of my experiences working with a Deaf Information Technology professional. He had more than 20 years of experience in the field and was kind, savvy, and a pleasure to work with. The more familiar I became with his language and vocabulary, the more confident I became that my interpretations were complete and accurate. After discussions with colleagues and learning more about how gender bias manifests in interactions, however, I started to become aware of some disturbing patterns in the interactions I was interpreting for this consumer. Considering the position he held, his years of experience, and the confidence with which he expressed himself, his work-related opinions were dismissed or rejected more often than I would expect. He was interrupted, cut off, or ignored in meetings and conversations. Even when I took into account the probability that disability bias, interpreter decalage time¹, and my own unfamiliarity with the topic were having an impact on the interaction, I found myself thinking more and more often, “This would not be happening if he had a male interpreter right now.” As is often the case with gender bias, even in the face of

¹ Decalage time is defined as “the time between delivery of an original message and the delivery of the interpreted version of that message” (Cokely, 1986, p. 342).

many possible explanations, my gut was telling me that less respect was being extended—to me and to my Deaf consumer—because I am a woman.

When I tell this story to other women, be they interpreters or professionals in a completely different field, they respond with empathetic head nods and their own stories of workplace bias and discrimination. When I tell this story to Deaf and DeafBlind people they often reply by sharing their own suspicions that they have been treated differently because they are working with a female interpreter, and they wonder if working with a male interpreter instead would change the dynamics of many situations. It is important to note that none of these people are blaming female interpreters or expressing frustration with the choices that female interpreters make; they are instead acknowledging that the systemic oppression that both women and Deaf people experience can be an important factor that influences interpreted interactions.

There has not yet been research in the interpreting field that quantifies how gender bias affects the perception of consumers. Within the United States, 86% of the sign language interpreters are women, making this a vital area of research (Registry of Interpreters for the Deaf, 2016). This study was conducted to contribute to the body of knowledge about the field, specifically to begin illuminating the impact that oppression of women has on interpreters and on consumers. It is my hope that the information documented in this paper will lead to further research on this topic and to honest and supportive discussions within interpreter Communities of Practice.²

² A Community of Practice is defined as a “group whose joint engagement in some activity or enterprise is sufficiently intensive to give rise over time to a repertoire of shared practices” (Eckert & McConnell-Ginet, 1999, p. 185).

In addition to discussing gender bias, the data collected for this study led me to explore what I am calling *orientation to the interpreted interaction*. Orientation to the interpreted interaction is communication with one or more consumers with the goal of supporting their understanding of the interpreted interaction. Orienting consumers may include:

- educating consumers about how the interpreter will function within the context of the interaction;
- explaining what consumers can expect to hear and see during the interaction and why this is different than typical monolingual interactions; and
- describing how consumers can actively participate in ensuring communication is accessible and inclusive to all parties.

Orienting consumers often occurs at the same time that the interpreter introduces himself or herself (or is introduced by the consumer). Orientation is not always the responsibility of the interpreter; it can be conducted by the Deaf or DeafBlind consumer, the hearing consumer, or a coordinator or agency. Orientation to the interpreted interaction will look different for different consumers and scenarios. It may be unnecessary for consumers who are experienced in working with each other and with interpreters. For some consumers, participating in an interpreted interaction will be a natural adjustment that requires little explanation. In some scenarios, depending on the context of the situation, more time for orientation may be necessary to ensure that all parties know what to expect and know how to most effectively interact with other participants in the interpreted interaction.

Results from this study show that omitting the orientation to the interpreted interaction may lead to confusion and distraction for consumers. In this survey, feelings of confusion and distraction on the part of the hearing consumer correspond to a more negative impression of the Deaf consumer. A review of the literature reveals that orientation to the interpreted interaction is not well studied or discussed by researchers or educators in the signed language interpreting field. Further investigation is warranted to discover whether practicing interpreters are orienting consumers, how they are doing it, and whether their approaches are effective. Future studies are needed to explore how important orientation to the interpreted interaction is and what elements it should include. This is an important topic for interpreters and educators to be discussing with colleagues, consumers, and students of interpreting.

Theoretical Framework

This study was conducted with the goal of presenting research through a feminist lens. Throughout the process of researching and writing about women's experiences and how bias toward the interpreter may have an impact on consumers, I tried to be cognizant of avoiding what Crawford (1995) called "man as norm, woman as problem" (p. 37). It was not my goal with this study to tell women how to behave differently or to blame them for their own oppression or the oppression of Deaf people. Instead, the aim in this research was to give credence to the experiences that female interpreters share anecdotally and to serve as a reminder that women are wise, intelligent, and resourceful in combatting the inequality they are faced with every day.

Crawford (1995) noted that often in research on gender and language "the implicit recommendation is not that the sexes should converge, or learn to understand each other,

or appreciate the advantages and flexibility of each style; it is that women need to talk more like men” (p. 40). More recently, Hill and Wheat (2017) warned against “essentialist views of male and female leadership” where “power is enacted in daily social interactions and incorporates gendered roles with men assumed to be active while women serve in supporting roles” (p. 2093). Instead of suggesting how women might change their behavior, this study is designed with the goal of empowering both interpreters and consumers with information and validation of their experiences.

Situating the Researcher

I am a professional sign language interpreter with seven years of experience in the field. As previously mentioned, I became interested in this research topic because of my experiences as a female interpreter. I am what Nieto, Boyer, Goodwin, Johnson, and Smith (2010) describe as a Target group member because of my gender, meaning that I, along with other women, experience inequality and a lack of access to power. I hold Agent group membership in other categories, however: I am heterosexual, able-bodied, and white, to name a few examples (Nieto et al., p. 30). My Target and Agent group memberships mean that I experience both oppression and privilege, which influences my perception of the world. Because of these experiences and perceptions, I acknowledge that there is potential for bias as I conduct the research; care has been taken to minimize bias wherever possible.

Limitations of the Study

The act of interpreting includes many variables, and controlling these variables for the purposes of an experiment leads to numerous limitations. In this study, I aim to strike a balance between minimizing variables and maintaining some of the authenticity

of participating in an interpreted interaction. Both interpreters in this study came up with their own interpretations of the content. While this allowed them to make natural language choices, it also opens up the possibility for slight variation in the quality of the product. Whereas many interpreted interactions are dialogic (where hearing and Deaf consumers take turns speaking and listening), the stimulus for this study was monologic (the Deaf consumer was the only one producing utterances); if participants had been able to interact with the Deaf presenter their perceptions may have been different. Similarly, the ASL-to-English interpreter is not visible in the stimulus video; it is possible that physical presence of the interpreter alters the experience of participating in an interpreted interaction and would have led to different results.

This study does not include an examination of intersectionality or how membership in multiple Target group categories can impact perception (Nieto et al., 2010). Although not measured, factors such as race, sexual orientation, and country of origin still exist in the interaction and may have influenced the results. This study was also limited by the fact that participants only experienced one presenter-interpreter pair. It is possible that gender-matched consumers and interpreters would have different perceptions than gender-mismatched groups.

The context of the interaction may also influence consumer perceptions and gender bias. In this study, the stimulus video was filmed in a coffee shop and the Deaf presenter was able to choose a topic in which he felt some level of expertise. Perceptions may differ if the interpreted interaction took place in a different setting, such as a shared workplace, or if the topic was intentionally selected to be an area where the hearing consumer was also an expert.

This survey was distributed via snowball sampling, meaning the original recipients were all connected to the researcher. Although the survey was passed on to many people who have no connection to the researcher, our social media and personal networks often include like-minded individuals, and it is possible that participants in this survey do not equally represent the variety of viewpoints that currently exist in American society.

Definition of Terms

Agent: A member of a group who experiences benefits and privileges (Nieto et al., 2010, p. 42).

American Sign Language (ASL): The natural signed language of the American Deaf community, complete and unique with its own structure, grammar, and syntax (Stokoe, 1960, 2005).

Audism: Oppression experienced by members of the Deaf community. “The hearing way of dominating, restructuring, and exercising authority over the Deaf Community” (Lane, 1992, p. 43).

Community of Practice: “A group whose joint engagement in some activity or enterprise is sufficiently intensive to give rise over time to a repertoire of shared practices” (Eckert & McConnell-Ginet, 1999, p. 185).

Consumer: “A term used to refer to those for whom sign language interpreters work; includes both Deaf and hearing consumers or clients” (Humphrey & Alcorn, 2007, p. 434).

Deaf person: A person who identifies as a member of the Deaf community. This identity is connected to shared experiences, language, and culture. The language of the Deaf community in the United States is American Sign Language.

DeafBlind person: A person who identifies as a member of the DeafBlind community. Similar to Deaf identity, DeafBlind identity is rooted in shared experiences, language, and culture. The language of the DeafBlind community in the United States is Protactile American Sign Language.

Gender bias: “Unequal treatment in employment opportunity (such as promotion, pay, benefits and privileges) and expectations due to attitudes based on the sex of an employee or group of employees” (Burton’s Legal Thesaurus, 2007).

Gender discrimination: “Those behaviors, policies, and other activities, which adversely affect either women or men because of disparate treatment, disparate impact, or the creation of a hostile environment” (Stratton, McLaughlin, Witte, Fosson, & Nora, 2005, p. 401).

Interlocutors: Participants in an interpreted interaction who are communicating with each other through an interpreter.

Interpreted interaction: A scenario where two or more interlocutors express themselves in different languages and have access to each other’s utterances through the work of an interpreter.

Interpreter: “One who takes a source language message and, after working through a complex mental process, expresses that same message into the target language, maintaining essential elements of meaning and dynamic equivalence” (Humphrey & Alcorn, 2007, p. 438).

Oppression: “(1) The overvaluing of some groups (and overvaluing everything associated with those groups), and the undervaluing of some groups (and undervaluing everything associated with those groups). (2) Unnecessary suffering caused by social inequity” (Nieto et al., 2010, p. 43).

Privilege: “The unconscious benefits and unearned advantages that come with being a member of an Agent group” (Nieto et al., 2010, p. 43).

Sexism: “Prejudice or discrimination based on sex; especially discrimination against women; behavior, conditions, or attitudes that foster stereotypes of social roles based on sex” (Merriam-Webster, n.d.).

Supervision sessions: Similar to case conferencing, a group learning experience where interpreters discuss a particular work context and the decisions made by the interpreter; facilitated by a trained interpreter and following a Demand-Control Schema framework (Dean & Pollard, 2009).

Target: A member of a group that experiences oppression and limitations (Nieto et al., 2010, p. 42).

CHAPTER 2: REVIEW OF LITERATURE

This chapter offers an overview of oppression, specifically as it is experienced by Deaf people and by women. Existing literature on gender and signed language interpreters is explored, and gaps in the research are identified, making the case for a study of perception and gender bias in the interpreted interaction.

Defining Oppression

Interactions and relationships in our society occur within an ever-present but often-invisible system of privilege and oppression (Nieto et al., 2010, p. xix). Oppression perpetuates inequality between groups of people in how they are valued, the access and power they have, and the suffering they experience. Nieto et al. (2010) offered a useful framework for discussing and understanding oppression. They suggest nine “rank” categories in which a person can be an Agent or a Target; one example would be the category of ethnicity, where white people hold Agent group membership and People of Color hold Target group membership (p. 30). Most people hold both Agent and Target group memberships (p. 29). Agents are defined as “members of groups who experience benefits/privileges” (p. 42). According to Nieto et al.:

As members of social groups that hold Agent Rank, we are overvalued and receive unearned advantage and benefits ... As members of Agent groups, we receive affirmation and support and have ready access to rewards. As Agent group members we have an easier time getting jobs, are more likely to see people “like us” on television, and can expect that our concerns will be taken seriously by public institutions. (pp. 29-30)

On the opposite side of this dynamic are Target group members. Nieto et al. (2010) defined Targets as “members of groups who experience oppression/limitations” (p. 42). These people are “socially undervalued,” “otherized,” and “subject to marginalization.” Nieto et al. continued:

As members of Target groups, our access is limited and our movement restricted. For example, we experience difficulties finding work appropriate to our education and abilities, we often see people “like us” depicted negatively in the media, and public institutions rarely address our concerns. (p. 30)

Nieto et al. (2010) defined nine social rank categories where a person can hold Agent or Target membership. Adapted from Hays (2001), they are as follows: age, developmental and acquired disabilities, religion and spiritual orientation, ethnicity, social class culture, sexual orientation, indigenous heritage, national origin, and gender (Nieto et al., 2010, p. 30). Exploration of most of these categories is outside the scope of this paper, but for the purposes of this research it is important to understand rank as it applies to the categories of disability and gender. While members of the Deaf community identify themselves as a “linguistic and cultural minority” (Ladd, 2005, p. 13) and reject the medical model that views them as having a “deficit,” research and anecdotal evidence show that Deaf people do not stand on equal footing with hearing people in American society (Eckert & Rowley, 2013; Humphries, 1975; Hauser, Maxwell-McCaw, Leigh, & Gutman, 2000; Perkins-Dock, Battle, Edgerton, & McNeill, 2015; Punch, 2016). Table 1 illustrates that in the category of disability, hearing people have Agent rank and Deaf people have Target rank. In the category of gender, men are Agents and women are Targets.

Table 1

Agent and Target Members in Social Rank Categories

<u>Social rank category</u>	<u>Agent rank</u>	<u>Target rank</u>
Developmental and acquired disabilities	Able-persons	Persons with disabilities
Gender	Biologically male	Female, Transgender, and Intersex

Note: (adapted from Nieto et al., 2010, p. 30)

The following sections outline current literature that delves into what it means to be a Target group member. First, a discussion of research on Deaf people’s experiences as a Target group will be explored, followed by a discussion of research on women as a Target group, and finally an exploration of how these two types of oppression may interact with and compound each other.

Oppression of Deaf People

Oppression of people with disabilities is commonly referred to as ableism. Wolbring (2008) defined ableism as “a set of beliefs, processes and practices that produce—based on abilities one exhibits or values—a particular understanding of oneself, one’s body and one’s relationship with others ... and includes how one is judged by others” (pp. 252-253). Wolbring also pointed out that ableism “reflects the sentiment of certain social groups and social structures that value and promote certain abilities” (p. 253).

The oppression of Deaf people, specifically, is called audism. Humphries (1975) first defined the term audism as “the notion that one is superior based on one’s ability to hear or behave in the manner of one who hears” (para. 1). While reflecting on his experiences as a Deaf person, he emphasized that audism appears “subtly and obviously, directly and indirectly, intentionally and unintentionally, consciously and unconsciously”

(para. 5). Subsequent researchers and scholars have added their own nuances to the definition of audism. Lane (1992) defined audism as “the hearing way of dominating, restructuring, and exercising authority over the Deaf Community” (p. 43). Eckert and Rowley (2013) described audism as “a schema of audiocentric assumptions and attitudes that are used to rationalize differential stratification, supremacy, and hegemonic privilege” and highlighted that “Deaf people are assaulted with audiocentric prejudice and discrimination on a daily basis” (p. 105).

Similar to other forms of oppression, audism is at work, both subtly and overtly, in all of the systems and segments of our society (Eckert & Rowley, 2013; Humphries, 1975; Ladd, 2005). In America, access to information (and, therefore, power) comes with the ability to hear. Understanding announcements in the subway, boarding with the correct group at the airport, and overhearing office gossip in the hallway are common examples of daily activities dependent on the use of our auditory sense. Because this aural approach is ubiquitous in everyday life, hearing people often take for granted the privilege that is inherent in this access. Eckert and Rowley (2013) wrote that “overt audism exists when power differentials between a majority and a minority are so great that majority does not see, care about, or understand the impact of assumptions and attitudes of audiocentric privilege ... Superiority is assumed and taken for granted” (p. 108). They explained that Deaf people experience both overt and covert audism and discrimination on a daily basis and that “covert audism is less obvious, hidden, and sometimes disguised” (p. 108).

Oppression of Deaf people is not solely related to lack of access to information, but also to use of a minority language (Lane, 2005). While American Sign Language has

been recognized as a complete and true language for almost 60 years (Stokoe, 1960, 2005), Feyne (2014) pointed out that “ASL is not a language of power in most institutions, and relatively few signers (hearing or Deaf) are in positions of power” (p. 25). Fluency and skill in American Sign Language is not a value held by the hearing majority, but disfluency in English is immediately noticed and carries with it judgment and evaluation. In a society where differences are categorized and used divisively, “stereotypes of less powerful groups ... as inadequate speakers serve to ensure that no one need take seriously what these people say” (Crawford, 1995, p. 96).

One realm in which audism operates is the workplace. Research shows that Deaf adults have higher rates of unemployment, underemployment, and dissatisfaction with their jobs than hearing people do (Punch, 2016). One recent study found that “even after education levels and demographic factors such as age and race were controlled for, it was found that individuals with hearing loss were nearly two times more likely to be unemployed or underemployed than those without hearing loss” (Francis, 2015, as cited in Punch, 2016, p. 385). The Americans with Disabilities Act (ADA) was passed in 1990 to “prohibit discrimination and ensure equal opportunity for persons with disabilities in employment” (Americans With Disabilities Act, 1990). Unfortunately, the ADA has not necessarily made it easier for Deaf people to find employment. Some studies, in fact, find that the perceived expense of providing accommodations can be a barrier to employment of Deaf workers. In a national survey of professionals who provide employment-related services to Deaf and hard of hearing workers, “more than 40% of the survey respondents agreed that costly ADA requirements have discouraged employers from hiring workers who are deaf” (Houston, Lammers, & Svorny, 2010, p. 20). This

study concluded that “neither the ADA nor similar state laws appear to have made it easier for unemployed workers who are deaf and without postsecondary education to find jobs” (p. 20).

When Deaf people do gain employment, barriers abound that prevent upward mobility, equal pay, and job satisfaction. Punch’s review of literature (2016) found that “employment and income levels continue to lag behind those of the general population and that many [Deaf and hard of hearing] people perceive their employment and career opportunities to be restricted” (pp. 385-386). A recent survey of 125 Deaf individuals found that “difficulties with communication, inadequate education and technical training, and employer attitudes contribute to or impede job attainment and retention for individuals who are deaf” (Perkins-Dock, Battle, Edgerton, & McNeill, 2015, pp. 11-12).

Punch (2016) described the stress and fatigue that Deaf employees experience when trying to navigate an audio-centric workplace: “It is commonly reported that adults with hearing loss experience fatigue and stress resulting from the greater effort to concentrate, listen, and speechread they need to make in everyday situations” (p. 386). This can affect performance and attendance, Punch suggested, as Deaf and hard of hearing workers “experience greater levels of fatigue, psychophysiological stress, and stress-related sick leave than comparable adults without hearing loss” (p. 394). Job satisfaction and employee self-esteem can also be impacted by this additional stress and fatigue. Deaf and hard of hearing workers “can feel uncertainty, anxiety, and a loss of control of interaction in situations in which they are at risk of missing important information that is communicated orally” (p. 394). Specifically, Punch found that

“situations involving group interactions such as meetings, in-service training sessions, and work-related social functions were particularly challenging” (p. 393).

The oppression experienced by Deaf people, while valid, is not unique. Nieto et al. (2010) offered a useful framework for understanding patterns of oppression and the behaviors of Agent and Target group members. As they explained, Deaf people are Target group members who experience many different manifestations of oppression, and hearing people are Agent group members who—often subconsciously—perpetuate this oppression. Nieto et al. described various “skills” used by Agent group members to understand and respond to oppression (p. 101). The first three of these skills are Agent-centric and are often used unconsciously to maintain the power, comfort, and ease that come with Agent status. When hearing people, as Agent group members, do not notice or acknowledge the experiences of Deaf people, who are Target group members, they are engaging in what Nieto et al. called “indifference” (p. 103). Indifference occurs when members of an Agent group “are simply not noticing, for good or ill, the presence or existence of Target group members or anything associated with them” (p. 103). Nieto et al. highlighted that this is the skill Agent group members use most of the time, saving energy and allowing them to function and go about their day comfortably and with ease: “the ability not to notice is essential to our lives” (p. 103). In this context, the privilege of not having to think about the ease and comfort of having ready access to auditory information every day is indifference.

The second skill that Agent group members use is called “distancing,” which is described as pushing away contact with Target group members, and particularly “pushing away the implications about ourselves that the contact and consciousness would raise”

(Nieto et al., 2010, p. 107). Distancing can take several different forms. “Distancing out” is characterized by “not having a problem with” (p. 107) Target group members as long as whatever is different about them does not affect your comfort zone. Distancing out occurs when hearing people do not want to make the effort to make their event or space accessible to Deaf people. Ellis (2010) wrote, for example, about how the Internet and popular services such as YouTube offer opportunities to participate in dialogue and entertainment, but quickly become inaccessible when people do not think to create or share captioned videos. While captioning has been available for years, it has “not been universally adopted because it wasn’t seen as important by the content generators” (p. 21.8). In this example, content creators, when asked, would probably say that they have no problem with Deaf people. It is easy to imagine that when asked to caption their videos, though, some would be put off and defensive about being asked to make the extra effort. This would be an example of distancing out.

“Distancing down” is used to “characterize the Target group as deficient, incapable, helpless, in need of healing, teaching, conversion, or improvement” (Nieto et al., 2010, p. 108). Distancing down can be seen when Deaf people are characterized as a medical group of people who can and should be cured; much of the medical terminology used to describe Deaf people reflects the deficiency model, exemplified by descriptors such as “sensory loss” and “hearing impaired” (Munoz-Baell & Ruiz, 2000).

“Distancing up” also maintains separation between the Agent and the Target group member, but it is achieved by speaking “with admiration, even envy” and “adding a positive but stereotyped evaluation of the Target group” (Nieto et al., 2010, p. 109). Nieto et al. (2010) pointed out that while language used to distance up is often meant as a

compliment, “the underlying message reminds the Target group member that he or she is an outsider” (p. 109). Distancing up is seen in the popularity and appropriation of American Sign Language, the language of the Deaf community. Teaching a baby sign language, for example, has become increasingly popular among hearing families and books on the subject have sold millions of copies (Chandler, 2013). While comments like “My sister taught her baby sign language and it was so cute!” probably feel innocent—even respectful—to the Agent group member speaking them, Nieto et al. (2010) maintained that “it is dehumanizing to members of marginalized groups to be packaged for consumption” (p. 109).

The third skill described by Nieto et al. (2010) is called “inclusion,” where Agent group members invite and welcome Target group members into Agent-dominated space and downplay the differences between the two groups (p. 115). When using inclusion skills, “a person may accept superficial differences, while holding the view that all human beings are essentially the same (like the Agent group) and that all human beings suffer equally regardless of their Agent or Target memberships” (pp. 115-116). Inclusion often manifests as tokenism, with Agent group members “wanting to include one or two Target members, but not wanting to deal with any conflict” (p. 116). While inclusion is often applauded in American society, Nieto et al. still considered it oppressive because discussion and examination of the reality of oppression and the experiences of Target group members is uncomfortable and therefore avoided—often, in fact, it is actively discouraged. Inclusion is used by hearing people when “access,” in the form of an interpreter, captioning, or written transcript, is provided for a discrete event without a more critical look at how organizations and systems create ongoing barriers for Deaf

people. For example, Hauser et al. (2000) studied the experiences of Deaf and hard of hearing students applying for predoctoral internships in psychology. These programs were willing to consider inclusion of diverse applicants, but when most of the interview consisted of coordinators voicing their concerns about accommodations it became clear that they were not actually willing to make simple modifications to traditional internships in order to benefit from the placement of a Deaf or hard of hearing intern (pp. 570-571).

As the research shows, oppression of Deaf people is a widespread and daily occurrence, affecting users of ASL from all backgrounds and in all types of environments. It is important that researchers and interpreters keep this in the forefront of their minds and continuously work toward the goal of understanding their contributions to this system of inequality. At the same time, interpreters are humans who also experience trauma, discrimination, and oppression, both in their personal lives and while they are working. The next sections examine research on the oppression of women and the implications of female interpreters working with Deaf consumers.

Oppression of Women

Just as Deaf people are Target group members in the area of disability, women are Target group members in the area of gender (Nieto et al., 2010, p. 30). As this section will outline, women from all different walks of life experience sexism, gender discrimination, and gender bias. Merriam-Webster (n.d.) defines sexism as “prejudice or discrimination based on sex; especially discrimination against women” and as “behavior, conditions, or attitudes that foster stereotypes of social roles based on sex.” Stratton, McLaughlin, Witte, Fosson, and Nora (2005) defined gender discrimination as “those behaviors, policies, and other activities, which adversely affect either women or men

because of disparate treatment, disparate impact, or the creation of a hostile environment” (p. 401). Burton’s Legal Thesaurus (2007) defines gender bias as “unequal treatment in employment opportunity (such as promotion, pay, benefits and privileges) and expectations due to attitudes based on the sex of an employee or group of employees.”

One of the complexities of oppression is that it can be subtle and covert. Unlike segregated job listings or sexual harassment, much of modern sexism is easily brushed off or explained away. Bennett (2016) said,

Recognizing sexism is harder than it once was. Like the micro-aggressions that people of color endure daily—racism masked as subtle insults or dismissals—today’s sexism is insidious, casual, politically correct, even *friendly*. It is a kind of can’t-put-your-finger-on, not-particularly-overt, hard-to-quantify, harder-even-to-call-out behavior that maybe isn’t necessarily intentional, or conscious.

Sometimes women exhibit it too. None of that makes it any less damaging.

(p. xxii)

In spite of the fact that women have more access to power than ever, they face more barriers than their male counterparts at every turn. Women in the United States are more likely to have a college degree than men (Feeney, 2015), and women make up a majority of law students (Olson, 2016). Additionally, Corbett and Hill (2012) found that women as a group had a slightly higher grade point average than did their male peers (p. 11). Yet, women hold just 5.8% of the CEO positions in Standard and Poor’s (S&P) 500 companies (Catalyst, 2017a), 19% of the seats in the United States Congress (Catalyst, 2017b), and 33% of the judges’ seats in district courts (National Women’s Law Center, 2016).

Much has been published about expectations of women's behavior and how violating these behavioral norms affect women's success in the workplace. Williams and Tiedens (2015) asserted that women are expected to be subservient and humble, and they are penalized for demonstrating dominant, assertive, or agentic behaviors. Women also often find themselves limited by double-binds, wherein they are not taken seriously because they are seen as not authoritative, but when they exhibit leadership skills, are punished for being "too aggressive" (Oakley, 2000, p. 324). In spite of the fact that sexism and backlash for non-conforming dominant behavior is often subtle, research shows that women are acutely aware of it. Williams and Tiedens (2015) found that "women appear to be quite conscious of the potential for negative interpersonal outcomes from dominant or assertive behavior" (p. 16).

Nowhere are sexism and double standards more evident than in the workplace. In 2016, women held just 23% of senior roles in business in the United States, and the higher up the corporate ladder, the fewer women there are (Catalyst, 2017a). Just four years ago it was found that Americans still prefer a male boss to a female boss (Newport & Wilke, 2013, p. 1). Corbett and Hill (2012) asserted that "gender discrimination, overt and subtle, persists in American workplaces. It occurs when employers and co-workers treat women in a particular way because they are women rather than on the basis of individual merit" (p. 6). Baxter (2012) added that "women are judged on the basis of their *gender* rather than on the basis of their achievements as leaders" (p. 82). Women know this is happening, as evidenced by the fact that "in 2011 alone, the federal Equal Employment Opportunity Commission (EEOC) received more than 28,000 complaints of sex discrimination" (Corbett & Hill, 2012, p. 6).

There are many possible reasons that women do not ascend to positions of power in corporate America as quickly and as easily as men, but research shows that gender bias and gender discrimination play a significant part. One example of inequality in the workplace is the gender pay gap. In 1963, the Equal Pay Act was enacted, making it illegal to pay men and women different wages for performing the same work in the same workplace (U.S. Equal Employment Opportunity Commission, n.d.). Corbett and Hill (2012) wrote that “although the earnings of men and women are more similar today than they were in 1963 when the Equal Pay Act was signed, a sizeable gender pay gap remains, and in recent years, progress in narrowing the gap has stalled” (p. 5). In looking at data from 2009, they found that “women one year out of college who were working full time earned, on average, just 82 percent of what their male peers earned” (p. 1). After controlling for “hours, occupation, college major, employment sector, and other factors associated with pay, the pay gap shrinks but does not disappear,” with women earning 93% of what their male peers made (p. 1).

Babcock and Laschever (2003) examined possible reasons for the pay gap and opportunity gap faced by female graduates of Carnegie Mellon University. When surveying graduates with Masters degrees about the hiring process for their first jobs out of school, they found that “only 7 percent of the female students had negotiated but 57 percent (eight times as many) of the men had asked for more money” (p. 1). In a subsequent study, Bowles, Babcock, and Lai (2007) suggested that women were less likely to negotiate about salary because of predicted backlash and differential treatment. They found that women “incur a greater social cost from attempting to negotiate for higher compensation” than men, with evaluators saying they were less likely to hire and

less willing to work with women they observed negotiating for higher salaries (p. 91). This was particularly true if the evaluators were men (p. 95). This might explain why women in the same study were “more reluctant to attempt to negotiate for higher compensation, but only when the evaluator was male” (p. 98). When the evaluator was female, however, “women were as inclined as men to attempt to negotiate for higher compensation” (p. 98), suggesting that the women in the study were aware of the backlash they were risking by asserting themselves in the presence of men.

Other examples of the double binds that women face occur in linguistics, particularly the use of interruptions. Tannen (1994a) defined interruptions as “when a second speaker usurps another speaker’s right to continue speaking by taking the conversational floor in the absence of any evidence that the other speaker intended to relinquish the turn” (as cited in Anderson & Leaper, 1998, p. 226). Anderson and Leaper (1998) conducted a meta-analysis of 43 published studies that compared adult women’s and men’s interruptions during conversations. They found that “across studies, men were significantly more likely than women to use interruptions” (p. 246), particularly in groups of three or more and in “open-ended and unstructured situations” (p. 247). More recently, Hancock and Rubin (2015) analyzed the communication of 40 people, ages 18-59, conversing with a partner. There was no significant difference in the way that men and women used hedges (such as “kind of”), intensive adverbs (such as “extremely” or “very”), tag questions (such as “isn’t it?”), and fillers (such as “uhh” or “you know”) (p. 10). Female speakers, however, were interrupted significantly more often by both male and female partners. (p. 11).

Karpowitz, Mendelberg, and Shaker (2012) studied group dynamics and emphasize the importance of speech participation. Participation in conversations, they suggested, can “contribute to authority” (p. 540). In their study, “participants who held the floor for a greater percentage of the group’s deliberation were more likely to be seen as influential by the other members of the group” (p. 542). Holding the floor is not a simple proposition for women, however, who could be viewed in a negative light for their assertiveness. LaFrance (1992) found that women interrupting men were viewed as more “disrespectful,” whereas men interrupting women were viewed as more “assertive,” implying a gender-based power differential in interactions (p. 510).

Women often find themselves with limited options for workplace behavior, because demonstration of the skills that are valued by employers and colleagues conflicts with gendered behavioral norms and expectations. Women, for example, often find it challenging to be seen as an expert in their field. Thomas-Hunt and Phillips (2004) found that “women were perceived by others as less expert than men, were less influential, and felt less confident about their impact on the group” (p. 1594). In fact, they said, “the possession of expert knowledge is likely to be more beneficial for men than for women ... Our findings suggest that women are often penalized when they possess the same expertise that men have” (p. 1594).

As evidence of another barrier women face, research shows that femininity is equated with incompetence. Ko, Judd, and Stapel (2009) studied the “effect of vocal cues on warmth and competence judgments when other competing information was concurrently available” (p. 198). In their first experiment, the researchers found that for both male and female job applicants, those with more feminine vocal qualities were

judged as less competent, regardless of résumé characteristics (p. 205). In a second experiment, raters were asked to predict the future performance of a participant after listening to them describe their successes and failures during previous tasks. In this experiment, although they were relaying the exact same information, women and those with more feminine vocal qualities were predicted to be less competent than men and those with more masculine vocal qualities (p. 209).

Women also suffer a perceived competence gap when working in a group. Studies show that in group work, women do not receive equal credit and are deemed to be less competent and responsible for positive outcomes than their male counterparts. Heilman and Haynes (2005) asked study participants to rate mixed-sex work teams on their performance of a task. Unless their contributions were explicitly stated, women were evaluated as being “less competent, less influential, and less likely to have played a leadership role in work on the task” when compared with their male counterparts (p. 905). The authors concluded that “working together with men in traditionally male domains can be detrimental for women—even when the work outcome is highly favorable” (p. 914). Sarsons (2016) concurred, writing that “women receive less credit for group work when employers cannot perfectly observe their contribution” and pointed out that in male-dominated fields, “group work could result in fewer women moving up the career ladder” (p. 18).

If women are receiving less credit for their accomplishments and skills, it seems logical that they might make up for this fact by explicitly naming them. Unfortunately, research shows that they are penalized for this as well. In a meta-analysis of previous studies, Williams and Tiedens (2015) found that:

Across multiple experiments, women who assertively emphasized their skills, accomplishments, or desire to lead tended to be liked less, and to be seen as less hireable, compared with men describing themselves identically. Other studies have shown that women behaving dominantly may face other negative outcomes such as being perceived as less competent, unworthy for a promotion, unsuitable for a job, or undeserving of a vote. (p. 2)

As previously discussed, Williams and Tiedens theorized that this evaluation is based on women breaking prescribed social norms for women's behavior. They also asserted that it can affect women's workplace success and job satisfaction: "This is important because likability plays a critical role in workplace outcomes as well as in relational ones" (p. 15).

Likability is also influenced by how well a woman does at her job, but not in the way one might predict. In studying workplace success, Heilman, Wallen, Fuchs, and Tamkins (2004) found that "when success was made explicit, there was differentiation between women and men in how they were viewed interpersonally, with women deemed to be far less likable and more interpersonally hostile" (p. 420). This was only true, however, when the job was "male in gender type," not when it was "female or neutral in gender type" (p. 423). It was also shown that being disliked can "adversely influence both overall evaluations and recommendations for how they should be treated," with successful women suffering from both poor performance ratings and a lack of organizational rewards such as salary increases and promotions (p. 425), which "suggests that success can create an additional impediment to women's upward mobility when they have done all the right things to move ahead in their careers" (p. 426).

Even when women do exhibit gender-conforming behavior in the workplace, the results are not always favorable. Heilman and Chen (2005) studied altruistic citizenship behavior, or “going the ‘extra mile’ to help others out with a work-related problem” (p. 431). They found that women were judged more negatively than men whether they were helping coworkers or not: “When they helped, they were not awarded the high regard bestowed upon men, and when they did not help, only they, not men, paid the price in terms of performance evaluations and reward recommendations” (p. 435).

Until recently, there was very little research on the oppression experienced by women who work as interpreters. Research by Artl (2015) found that female interpreters are indeed aware of their gender and femininity being a significant factor in the work environment:

Women are disproportionately influenced by the gender oppression they systemically face, particularly when it comes to displays of femininity in the professional environment. As was reflected in all three of the interviews with female practitioners female American Sign Language-English interpreters are making decisions about their bodies, their femininity and about the impact of their femininity on their professional environments as a typical consideration of their work. Male American Sign Language-English interpreters have not expressed making these same considerations on a regular or frequent basis. (p. 61)

Artl also emphasized that when female interpreters spend time and energy considering how to mitigate the oppression they are experiencing and its impact on their work, this detracts from their attention to the work of communication facilitation and cultural mediation. Artl concluded that “female interpreters are, by and large, making

considerations about themselves and their physical appearance prior to being able to focus on the work and communication access they are there to provide” (p. 51).

Compounding Oppression

While there is extensive and ongoing research about audism, ableism, sexism, and other forms of oppression, little has been written on how gender bias toward the interpreter might compound oppression of the Deaf consumer. Research by Artl (2015), MacDougall (2012), Brück (2011), and Morgan (2008) supports the idea that many female interpreters are aware that their gender can have an unintended impact on the interaction. Research is needed to explore how the gender of the interpreter might influence the consumers, their interaction, and their perceptions of each other.

The objective of this study is to provide data for what is often a “gut feeling” for female interpreters. As enumerated in the previous sections, audism, ableism, and sexism are often subtle, ubiquitous, and easily explained away. Due to the systemic rank dynamics that are pervasive in our society, these forms of oppression are often unconscious and unintentional. This does not mean that they do not exist. While oppressive behaviors are not always blatant, interpreters, in addition to attending to the tasks of communication facilitation and cultural mediation, are devoting attention to a subtext where gender matters. In Artl’s (2015) research about gender identity, each of the five interpreters interviewed “discussed their gender identity as having a salient impact on their work” (p. 58). Similarly, in Brück’s (2011) survey of 32 female and 3 male interpreters in Austria, “all 35 interpreters are aware of the influence of gender in interpreter-mediated medical encounters” (p. 12).

Llewellyn-Jones and Lee (2014) supported the idea that interpreters are a part of the interaction and that our presence impacts the participants. Artl (2015) explained that “by the very nature of being an additional person in the room, interpreters intentionally or unintentionally have an impact on the communication and interaction occurring within that specific space” (p. 18). Interpreters are not invisible, therefore it is logical to hypothesize that our identities, Agent and Target group memberships, and the associated biases that come with these memberships do, indeed, influence our consumers, their interaction, and their perceptions of each other and of the interaction.

The understanding that the interpreter—specifically the gender of the interpreter—influences the interaction comes up in what little has been published about the complexities of gender and interpreting. Morgan (2008) wrote about her experience as a female designated interpreter for a male Deaf professional and described coming to the realization that her presence and language choices might be having an influence on the interactions she was interpreting:

I began to notice that when I interpreted from ASL to English during the staff meetings that John would conduct, the male employees seemed to take their assignments from John with less seriousness than I thought appropriate. It was not out-and-out insubordination in any sense of the word, simply that they seemed to view what I understood to be orders as an option rather than a mandate. (p. 68)

In Artl’s (2015) interviews of three female and two male interpreters, the female interpreters indicated acute awareness that their gender identity was a significant factor in interpreted interactions and described the time and energy they devoted to considering how this might be remedied: “discussions of additional factors female interpreters took

into consideration, which male interpreters did not, while approaching and engaging in their work were prevalent” (p. 48).

Sexism toward the interpreter and audism toward the Deaf consumer are also acknowledged as possible compounding factors in limiting the Deaf individual’s access to power. Edmonds-Cady and Wingfield (2017) reiterated that our society allows “access to power and resources for some, while marginalizing others” (p. 434). Furthermore, they wrote, “it is important to note that these domains of access to power or marginalization are historically situated, influenced by a legacy of colonization, genocide discrimination, and slavery” (p. 434). After acknowledging that both members of the Deaf community and women face their own barriers to power, it is important to consider how those barriers might multiply when a female interpreter works with a Deaf consumer. Nieto et al. (2010) wrote that categories of rank “interact in forceful ways” and that multiple Target group memberships “are not just additive; they are exponential” (p. 75). Following this line of thinking, it would make sense, then, that in some scenarios a Deaf individual, who is also a member of the disability Target group, might be hindered from accessing power not only because of their own oppression, but also because their interpreter is a member of the gender Target group and is being simultaneously oppressed. Artl (2015) pointed out that “as individuals who experience systemic gender oppression, female practitioners provide services to a group of individuals who likewise confront systemic oppression on a daily basis” (p. 7). Similarly, McIntire and Sanderson (1995) highlighted that when a female interpreter works with a Deaf presenter, they are “entering an uphill battle” in terms of credibility (p. 3).

Because these layers of oppression are systemic and sometimes unconscious, they can influence the interaction in spite of the awareness, skills, and intentions of the interpreter. As Artl (2015) stated:

While a female participant identifying as self-reliant, independent, or willing to take a stand may have a positive impact on her self-concept, the impact of power dynamics may end up coming into prominence when engaging in interpersonal interactions. This becomes particularly salient for female practitioners with the understanding that women, as an oppressed group, and others, who experience identity discrimination, are working with consumers who are likewise members of oppressed groups. (pp. 61-62)

The interplay between the oppression experienced by the consumer and the oppression experienced by the interpreter is further complicated by hearing consumers' misunderstanding of the function and process of the interpreter. Feyne (2014) suggested that hearing consumers with no knowledge of interpreting practices or processes assume that what they hear is *exactly* what the Deaf person signed: "Many qualitative comments from the evaluators expressed their belief that the utterances of each interpreter were verbatim transmissions of the signed lecture" (p. 3). She went on to say that "there is a considerable disconnect between the interpreter's understanding of the task and the recipient's assumptions about the way in which interpreters function" (p. 16) and that "laypersons as well as sociolinguists assume that interpreters are experts and function as verbatim animators" (p. 17). Feyne's findings show that "unless the participants are familiar with each other, or are knowledgeable about the workings of interpretation, it is

far more likely that recipients will rely on the interpreted representation of the originator in constructing a situated identity” (p. 76).

While this assumption that the Deaf interlocutor is the originator of every interpreted utterance can be read as a cautionary tale with regards to the interpreter’s language choices and verbalizations during processing, it also supports the idea that unconscious bias toward the interpreter might be at play. Unconscious bias is the shaping of our beliefs about other people and behavior toward them by our experiences and acquired knowledge about different groups of people (Bellack, 2015). This often-incomplete information is stored in our minds and has historically functioned to inform us quickly and subconsciously of danger. In modern society, however, this process influences how people “perceive and behave toward people from social groups that are alike or different from our own” (Bellack, 2015, para.8). In the context of interpreting, it is possible that a consumer might be unconsciously forming opinions about the interaction or about the other consumer that are influenced by the interpreter’s gender, race, age, or other Target group membership. Related to Feyne’s (2014) research, it is also possible that this effect could be compounded when the hearing consumer cannot distinguish which words, decisions, and behaviors originated from the Deaf person and which originated from the interpreter.

The research described above sheds light on the topic of oppression, particularly as it affects American Deaf people and women in the workplace. Studies related to gender and interpreting have mostly focused on the perspective and experience of the interpreter. Researchers have yet to examine how audism and gender bias might compound each other and how the gender of the interpreter might impact consumers’

perceptions of the interpreted interaction and of each other. The goal of this study is to begin filling this gap in the research by examining specifically whether the hearing consumer's impression of the Deaf consumer is affected by the gender of the interpreter.

CHAPTER 3: METHODOLOGY

Research Focus

This study was designed to evaluate whether gender bias toward the interpreter has an impact on the perceptions of interpreting consumers. Specifically, the goal was to explore how hearing participants' perceptions of a Deaf male presenter differed when they heard a female interpreter compared with a male interpreter.

Design of the Investigation

Because very little research on this topic has been done in the ASL-English interpreting field, it was important to use both quantitative and qualitative methods. An online survey was developed and disseminated through the use of snowball sampling; the survey was originally sent to individuals on the researcher's contact lists and social media networks, and those individuals were asked to pass it on to people in their contact lists and networks (Hale & Napier, 2013). Participants were asked to submit demographic information, and those qualifying for the study based on these results were shown a video of a male Deaf presenter using ASL; accompanying audio gave participants access to the content of his presentation through the ASL-to-English interpretation of either a male or female professional interpreter. Participants were then asked one open-ended and 10 Likert-scale questions about their impressions of the presenter. The data collected allowed for qualitative and quantitative analysis that compared results from participants representing different genders, locations, generational groups, education levels, levels of knowledge of ASL, and degrees of familiarity with interpreters. Responses were

analyzed to see what, if any, differences could be noted when participants heard the male versus female interpreter while they watched the presentation.

Survey Population

In an attempt to isolate the gender parameters of the study, participants were limited to self-identified adults who are not fluent in ASL. As is true in real world scenarios where the hearing consumer is not fluent in ASL, this meant that participants would be relying on the ASL-to-English interpreter to access the content of the presentation. The IRB-approved informed consent form required participants to indicate that they were at least 18 years old in order to continue to the next step of the survey, and the demographic questions asked, among other things, whether participants were familiar with American Sign Language (for a full list of survey questions, see Appendix D). Those who selected “No,” “I know a few signs and/or how to fingerspell,” and “I know some American Sign Language but I am not fluent” were allowed to continue the survey. Those who selected “I am fluent in American Sign Language” were taken to a thank you page and were not shown the video or the subsequent questions. Data from participants who identified as fluent in ASL was not collected.

Survey participants were recruited using a snowball sampling method (Hale & Napier, 2013), originating with social media posts and direct emails to friends, family, and colleagues. Emails to friends and family unfamiliar with the research asked for their participation as well as their help in forwarding the link to their networks. Emails to people fluent in ASL and to those who were deemed too familiar with the research topic and/or design to take the survey neutrally asked for assistance in forwarding the survey to

people who fit the demographic (adults who are not fluent in ASL). Social media posts made the same requests of both populations using less formal language.

Survey Design

Development of the survey used for this study consisted of three phases. Decisions were made during each phase to preserve some of the natural features inherent in a typical interpreted interaction but also to eliminate variables that would make analysis of the data too complex to determine clear results. The goal was to strike a balance between an authentic experience and the collection of usable data. The final design included the use of deception with the goal of eliciting honest answers from participants.

Phase one. Phase one involved the recruitment of a Deaf professional and the recording, analysis, and editing of his presentation. Because the Deaf community is small and because preservation of his anonymity was included in the IRB-approved consent to be recorded (see Appendix B), details that could be linked to the identity of the Deaf presenter will not be shared. One concern in the design of the study was that presenter or interpreter membership in other Target groups (such as sexual orientation, age, or national origin) could elicit responses that reflected participants' bias towards those groups instead of (or in addition to) bias towards Target group members who are the focus of this study—Deaf people and women (Nieto et al., 2010). The Deaf presenter was deemed appropriate for this study in that he identifies as heterosexual, mostly Latinx with average skin tone and facial features, and is in his mid-40s.

Because hearing participants would be rating the Deaf presenter on various attributes that are significant in the workplace, it was important that he be professional

and competent. The Deaf person who was recruited and recorded is a professional with 13 years of experience training and presenting. He identifies as a native signer whose first language is ASL. He also holds a Bachelors degree in Industrial Design from Rochester Institute of Technology. All of these factors indicate that the presenter is a professional, competent, and fluent user of ASL.

The presenter was asked to choose a topic that he was experienced and comfortable with and to develop a five-minute presentation on this topic. The goal was also to make the presentation applicable and interesting to participants. This presenter is experienced in presenting about issues that impact the Deaf community (their rights under the Americans with Disabilities Act, for example) but such topics were eliminated as options because he might be viewed as an expert just by nature of being Deaf, and this might skew the data. Ultimately, he decided to present on the topic of political action, specifically how to train people to effectively interact with their legislators.

The presenter was recorded in a coffee shop with a wood-paneled wall as a background. I viewed the presentation and the video and deemed them to be professional and competent based on my knowledge of ASL linguistics and my experience viewing professional presentations. The video was edited to eliminate a few seconds at the beginning where the presenter was getting comfortable and a few seconds at the end where he broke eye contact with the camera to indicate that he was finished recording. The coffee shop background noise was also muted. The final version of the video was a little over five minutes long.

Phase two. Phase two involved the recruitment of two professional ASL-English interpreters, sending them the materials they would need to interpret the presentation, and

the editing and analysis of their audio recordings. Both interpreters included in the study are nationally certified, have at least seven years of interpreting experience, and consider interpreting to be their full time job. One interpreter identifies as male, the other as female. Both interpreters signed an IRB-approved consent form allowing for the audio recording of their interpretation to be used in this study (see Appendix A).

Both interpreters were sent the video of the presentation with the following instructions:

I want this to resemble a real-life scenario as much as possible, so please imagine that you have been asked to interpret for a Deaf presenter who will be addressing a group of hearing consumers who are interested organizing members of their community to be more politically aware and active. He has given this presentation before, so the video attached is a recording of a previous event for your preparation, but you will be interpreting live when we record. Please prepare as you would for a regular job—feel free to use the video, the internet, and whatever resources you normally would.

Both interpreters undertook their own preparation process, then recorded themselves interpreting the presentation into spoken English and sent me the audio file of their work. Transcripts of each of their interpretations can be found in Appendix C.

In a questionnaire completed after they had submitted their recordings, both interpreters indicated that their preparation for this assignment matched how they would prepare for a presentation by a Deaf presenter and that the work sample they submitted was typical of their ASL-to-English interpreting work. The female interpreter added that in a real life scenario she might approach the presenter to discuss the presentation before

the assignment and, unlike her interpretation for this study, there would typically be no opportunity to re-record her work.

Phase three. Phase three consisted of the preparation and dissemination of the final survey. Both interpretations were transcribed verbatim and analyzed for accuracy (see Appendix C). When one of the original interpreters selected for this study submitted his questionnaire and recording he indicated that his sample was not, in fact, typical of his ASL-to-English interpreting work. The researcher's analysis of his interpretation supported this claim, and a second male interpreter was recruited. This second sample from a male interpreter and the original sample from the female interpreter were deemed to have equivalent meaning and delivery, with the exception of some coughing in the female interpreter's recording, which was edited out. Keeping in mind that the goal for the video was to mimic an actual interpreted scenario, both audio recordings were added to the video of the male Deaf presenter with appropriate decalage time; that is, the interpreter did not utter the meaning of a phrase until after it was signed. In this way the timing more closely resembled an interpretation than a voice-over. This meant that the interpreter continued speaking after the presenter had signed his last sentence at the end of the video, so a black screen was added for the last few seconds while the interpretation was completed.

The interpreted video was added to the survey with a randomization feature that would ensure that 50% of participants saw the video with the female interpreter and 50% saw the video with the male interpreter. The visual stimulus was exactly the same—only the auditory stimulus differed. The prompt on this page of the survey asked participants

to “Please watch this five minute video, then click ‘next’ to move to the questionnaire. Make sure your volume is turned up!”

Following the video, participants were asked, “What was your impression of the presenter?” and given space to type an open-ended response. There was no minimum or maximum length for this response, but it was required. The next questions asked participants to rate the presenter in 10 different categories on a Likert scale of 1-5. The categories were selected based on research on soft skills that are valued in the workplace. Khanna (2015), Robles (2012), and Schulz (2008) have all produced lists of soft skills that are deemed important for workplace success. Gender researchers have found that some of these soft skills, such as “competence,” are more often associated with men, while others, such as “friendliness,” are more often associated with women (Heilman & Haynes, 2005; Ko et al., 2009). Ten soft skill categories were selected that would allow quantitative analysis in relation to research on predicted workplace success as well as gender stereotypes. These categories were professionalism, friendliness, knowledgeable, confidence, intelligence, communication skills, trustworthiness, competence, authority, and likability.

The survey was disseminated electronically through email and social media. Friends and colleagues who are fluent in sign language as well as friends and family who were too familiar with the research question to take the survey objectively were asked to forward their survey to those in their networks who are not fluent. Friends and acquaintances who do not use sign language and who were not familiar with the research were asked to complete the survey as well as pass it along to their own networks. Upon completion of the survey, participants were also asked to forward the survey link. The

original Facebook post was shared 83 times and a total of 357 people completed the survey. Based on suggestions from Hale and Napier (2013), the original goal for this survey was to collect at least 100 responses. The participation of more than three times this many participants indicates that this was a successful approach to eliciting responses.

Deception. Because knowing the purpose of the study (examining gender bias) could alter participants' responses, deception was used to conceal this information until the end of the survey (Shambourger, 2015). The initial consent form (see Appendix D) explained the purpose of the study in very broad terms: "I am conducting a research study seeking to deepen our understanding of the field of interpreting." A second consent form appeared after participants had completed the survey and clarified the purpose of the study in more detail:

The purpose of this research is to examine whether and how the gender of the interpreter impacts participants' perception of the presenter. This was not made explicit at the beginning of the survey because I wanted to allow you to respond naturally without drawing attention to the interpreter, their gender, or their communication style and language choices.

Responses were only recorded if participants consented to both prompts, which ensured that their ratings included no knowledge of the purpose of this study and that they were aware of how the responses would be used after submitting.

Data Analysis

Data was analyzed using both qualitative and quantitative methods. The survey software allowed calculation of how long each participant had the survey open in their Internet browser. While it was not deemed necessary for participants to watch the five-

minute video in its entirety, it was determined that reading the instructions, watching at least half of the video, and answering the questions would take at least five minutes.

Participants who only had the survey open for four minutes or less were deemed to have had insufficient access to the source stimulus to make informed choices in the rest of the survey. In total, 18 participants were flagged in this category and their responses were removed from the quantitative analysis.

Demographic responses. Participants indicated their state of residence, and these responses were grouped into six regions of the United States. The region called “West Coast” includes the states of Alaska, Washington, Oregon, California, and Hawaii. The “Rocky Mountain” region includes Montana, Idaho, Wyoming, Nevada, Utah, and Colorado. The “Southwest” region consists of Arizona, New Mexico, Texas, and Oklahoma. The “Midwest” region includes North Dakota, South Dakota, Nebraska, Kansas, Minnesota, Iowa, Missouri, Michigan, Illinois, Indiana, Wisconsin, and Ohio. The “South” region is made up of Arkansas, Louisiana, Tennessee, Georgia, Mississippi, Alabama, Florida, Kentucky, North Carolina, South Carolina, Virginia, and West Virginia. The “Northeast” region includes Maryland, Delaware, Washington, D.C., Pennsylvania, New Jersey, New York, Massachusetts, Rhode Island, Connecticut, New Hampshire, Vermont, and Maine. See Figure 1 for a visual representation of these regions.

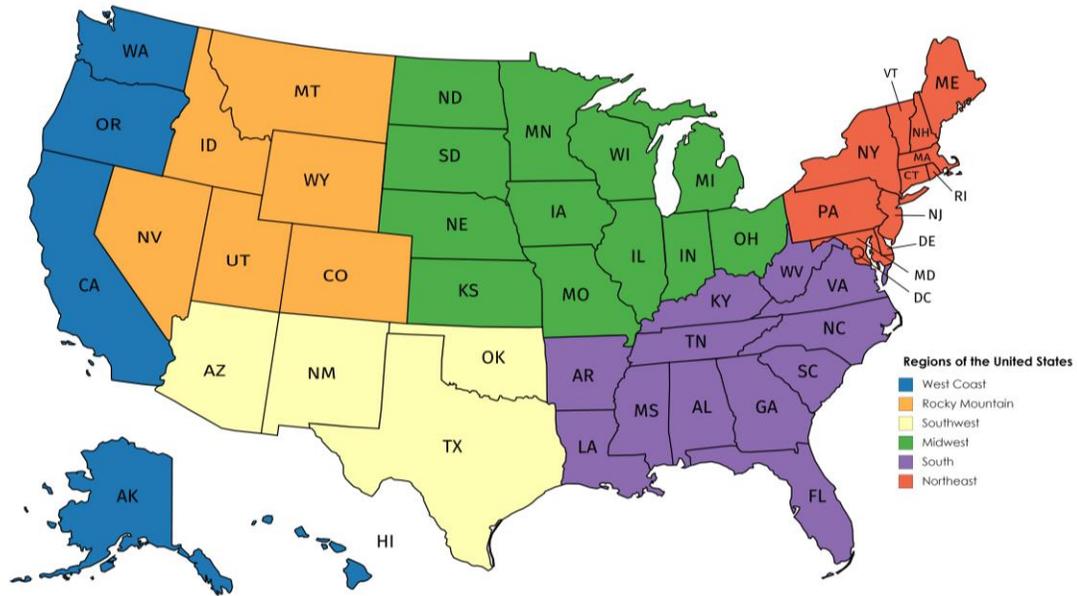


Figure 1. Regions of the United States.

States were also categorized by political party to see if more liberal or conservative regions showed any significant difference in this study. According to Wikipedia (2016), states that were carried by Democrats (“blue states”) in at least three of the last four presidential elections include Washington, Oregon, California, Hawaii, Nevada, Colorado, New Mexico, Minnesota, Wisconsin, Illinois, Michigan, Virginia, Maryland, Delaware, Washington, D.C., Pennsylvania, New Jersey, New York, Massachusetts, Rhode Island, Connecticut, New Hampshire, Vermont, and Maine. States that were carried by Republicans (“red states”) in at least three of the last four presidential elections include Alaska, Montana, Idaho, Wyoming, Utah, Arizona, North Dakota, South Dakota, Nebraska, Kansas, Oklahoma, Texas, Missouri, Arkansas, Louisiana, West Virginia, Kentucky, Indiana, Tennessee, North Carolina, South Carolina, Mississippi, Alabama, and Georgia. States that were split evenly between voting for

Democratic candidates and Republican candidates (“purple states”) include Iowa, Ohio, and Florida. See Figure 2 for a visual representation of blue, red, and purple states.

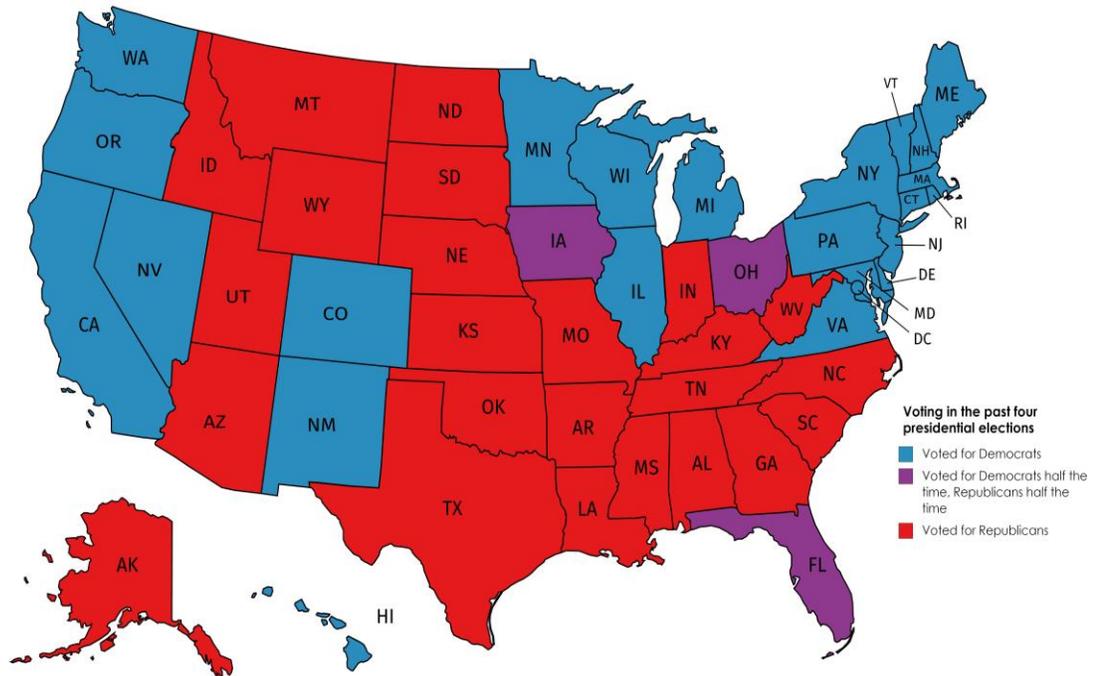


Figure 2. Political affiliation by state

Participants’ ages were categorized into generations, allowing any trends that appeared in this study to be compared with research and theory about generational differences. While opinions vary on where, exactly, different generations end and begin (Gall, 2013), for the purposes of this study people who indicated that they were between the ages of 18 and 32 were labeled Millennials, people aged 33 to 50 years were labeled Generation X, those 51 to 70 years old were considered Baby Boomers, and participants 71 and older were labeled the Greatest Generation.

In some cases, participants responded to the demographic question about their education level by selecting “Other” and filling in more detailed information about their

degree or education history. People who indicated that they hold a Doctor of Medicine (MD) or Juris Doctorate (JD) degree were categorized with those who hold a Doctor of Philosophy (PhD) degree. Some participants listed their specific undergraduate degree (BS in Occupational Therapy, for example) and were categorized as holding a Bachelors degree. Several people indicated that they had completed “some college” and were categorized as having graduated from high school. One person responded that they had completed trade school, which, lacking further details, was deemed the equivalent of having an Associate degree.

Qualitative responses. After survey participants accepted the first consent form, completed the demographic questionnaire, and watched the interpreted video of the male Deaf presenter, they were asked the open-ended question, “What was your impression of the presenter?” A response to this question was required, and answers ranged from one word to several paragraphs long. These responses were analyzed using open coding (Strauss & Corbin, 1998) and grounded theory (Strauss & Corbin, 1994), in which concepts were observed and categorized, allowing theories to emerge from analysis of the data. I was then able to analyze these categories and their relationships to each other, to the demographic data, the quantitative data, and the literature. One benefit of this approach was the ability to identify patterns that did not necessarily relate to the research topic, which led to an exploration of orientation to the interpreted interaction. A full discussion of this analysis can be found in the Findings and Discussion chapter.

Quantitative responses. After completing the open-ended question, participants were asked to rate the presenter in ten different categories. Using a Likert-type scale, they were asked to give the presenter a 1-5 rating (with 1 being the lowest and 5 being the

highest) on the following soft skill categories: professionalism, friendliness, knowledgeable, confidence, intelligence, communication skills, trustworthiness, competence, authority, and likability. Responses were in whole numbers and were analyzed for patterns in light of different demographic groups and the associated open-ended responses. A full discussion of this analysis can be found in the Findings and Discussion chapter.

CHAPTER 4: FINDINGS AND DISCUSSION

Survey Results

There were 357 people who completed the survey and agreed to both consent forms. Of these participants, 283 (79%) were women, 68 (19%) were men, and 6 (2%) were nonbinary. There was representation from all age ranges: 68 participants were Millennials (ages 18-32), 185 were Gen X (ages 33-50), 98 were Baby Boomers (ages 51-70), and 6 were Greatest Generation (ages 71 and over). For a breakdown of how many participants of each gender were in these generational groups, see Table 2.

Table 2

Number and Gender of Participants from Each Generation

<u>Gender</u>	<u>Millennial</u>	<u>Gen X</u>	<u>Baby Boomer</u>	<u>Greatest Generation</u>
Female	58	144	77	4
Male	6	39	21	2
Nonbinary	4	2	0	0
Total	68	185	98	6

With the help of social media, the survey was taken by individuals from all regions of the United States: 231 participants were from the West Coast, 6 were from the Southwest, 12 were from the Rocky Mountain states, 42 were from the Midwest, 23 were from the South, and 40 were from the Northeast. There were also 3 participants from Canada. Table 3 shows how many people from each region represented each gender.

Table 3

Number and Gender of Participants from Each Region

<u>Gender</u>	<u>West Coast</u>	<u>Southwest</u>	<u>Rocky Mountain</u>	<u>Midwest</u>	<u>South</u>	<u>Northeast</u>	<u>Canada</u>
Female	173	6	10	36	20	36	2
Male	52	0	2	6	3	4	1
Nonbinary	6	0	0	0	0	0	0
Total	231	6	12	42	23	40	3

When it came to education level, only one participant indicated that they had completed some high school. There were 54 participants who graduated from high school (with 14 of these indicating that they had also completed some college courses or are currently in college), 28 participants graduated from college with an Associate degree, 140 graduated from college with a Bachelors degree, 107 hold a Masters degree, and 27 hold a doctoral degree. Table 4 illustrates how many people of each gender were indicated in each of these education levels.

Table 4

Number and Gender of Participants at Each Education Level

<u>Gender</u>	<u>Some high school</u>	<u>Completed high school</u>	<u>Associate degree</u>	<u>Bachelors degree</u>	<u>Masters degree</u>	<u>Doctoral degree</u>
Female	1	42	25	114	81	20
Male	0	12	3	22	24	7
Nonbinary	0	0	0	4	2	0
Total	1	54	28	140	107	27

When it came to knowledge of American Sign Language, 145 participants (41%) indicated that they know no sign language at all, 185 (52%) said that they know a few signs and/or how to fingerspell, and 27 (8%) said they know some ASL but are not fluent.

See Table 5 for an illustration of how the different genders described their knowledge of ASL.

Table 5

Number and Gender of Participants and Their Knowledge of ASL

<u>Gender</u>	<u>No ASL</u>	<u>Know a few signs/fingerspelling</u>	<u>Know some ASL</u>
Female	110	152	21
Male	35	28	5
Nonbinary	0	5	1
Total	145	185	27

As for familiarity with interpreters, 184 participants (52%) indicated that they were not at all familiar with interpreters, 140 (39%) said that they were somewhat familiar with interpreters, and 33 (9%) said they were very familiar with interpreters. See Table 6 for an illustration of how the different genders described their familiarity with interpreters.

Table 6

Number and Gender of Participants and Their Familiarity with Interpreters

<u>Gender</u>	<u>Unfamiliar</u>	<u>Somewhat familiar</u>	<u>Very familiar</u>
Female	152	108	23
Male	30	30	8
Nonbinary	2	2	2
Total	184	140	33

Gender Bias

While this study did show some gender bias in certain groups, no strong thread emerged among the results. Gender bias was first measured by evaluating the quantitative data—the ratings that participants gave the male Deaf presenter in each of the 10 soft skill categories. As described in the Methodology chapter, some responses

were eliminated from this phase of the analysis; participants who only had the survey open for four minutes or less and those whose open-ended responses made it clear that they were not answering the questions about the Deaf presenter were not included in the quantitative results. There were 48 participants who fit these descriptions, leaving 309 in the pool for analysis.

Demographic Groups. Some demographic groups showed more gender bias than others. This section explores how various groups rated the presenter when listening to the male versus the female interpreter.

When comparing genders, it is notable that female participants (N=245) rated the presenter higher in every category when listening to the female interpreter. Male participants (N=58) mostly followed suit, but rated the presenter higher in intelligence and trustworthiness when they were listening to the male interpreter. The table in Appendix E shows whether each demographic group rated the male Deaf presenter higher in each soft skill categories when they were listening to the male or the female interpreter.

Although evidence of gender bias was inconclusive, observations can be made about which demographic groups gave higher ratings when listening to the male interpreter. The Greatest Generation (N=6), for instance, gave higher ratings when listening to the male interpreter in 8 of the 10 categories. Generation X (N=158), however, gave higher ratings in every category when listening to the female interpreter. A female interpreter armed with this information might choose to use different strategies when interpreting for each of these generational groups.

Some of the other demographic groups that indicated possible gender bias were from geographic regions in Middle America. People from the Rocky Mountain states (N=11) gave higher ratings when listening to the male interpreter in 6 of the 10 categories. People from the Midwest (N=32) and Southwest (N=4) gave higher ratings when listening to the male interpreter in 4 of the 10 categories. It is possible that female interpreters working with consumers from these regions will face more gender bias than they would when working with consumers from the West Coast (N=231), who in this study gave higher ratings when listening to the female interpreter in all 10 soft skill categories.

Familiarity with interpreters had no bearing on whether participants in this study indicated gender bias in their quantitative responses. People who indicated that they had no familiarity with interpreters (N=157), some familiarity with interpreters (N=127), and who were very familiar with interpreters (N=25) all gave higher ratings in every category when listening to the female interpreter. Interestingly, the group who indicated that they know a few ASL signs and/or how to fingerspell (N=158) and the group who indicated that they know some ASL but are not fluent (N=24) showed minimal gender bias, rating the male interpreter higher in one category each. People who indicated that they know no ASL gave higher ratings when listening to the female interpreter across the board.

Soft skill categories. When evidence of possible gender bias emerged in the data, it was not uniform across all soft skill categories. This section describes the perceptions that participants had of the Deaf presenter in different soft skill categories and how that data corresponds to the gender of the interpreter.

There were some soft skill categories in which almost all participants gave higher ratings when listening to the female interpreter. The presenter did well with a female interpreter on professionalism and communication skills, for example—there were a total of 26 demographic groups, but only one group in each of these categories gave higher ratings when listening to the male interpreter. Only four groups gave higher ratings when listening to the male interpreter in the categories of confidence and competence. Five groups gave higher ratings when listening to the male interpreter in the categories of knowledgeable and likability.

The soft skill categories where the most groups gave higher ratings when listening to the male interpreter were authoritative (six groups), friendliness (seven groups), trustworthiness (eight groups), and intelligence (nine groups). Figure 3 indicates how many demographic groups rated the presenter higher in each category when listening to the male interpreter.

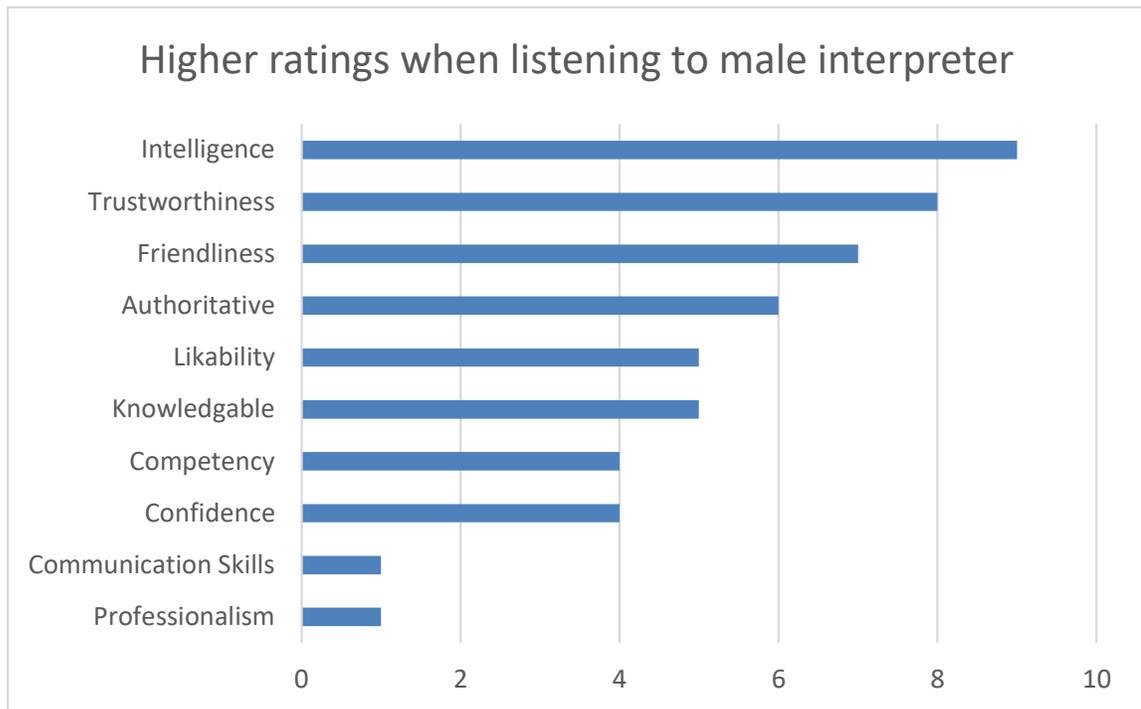


Figure 3. Number of groups giving higher ratings in each category to the male interpreter

Gender bias was not apparent in analyses of the qualitative data. Participants' open-ended responses to the question "What was your impression of the presenter?" were coded for key words and phrases that aligned with soft skill categories that are often gendered. Analysis showed that the gender of the interpreter had no impact on whether participants described the presenter as "friendly" (adjectives included in this category were "friendly," "warm," "pleasant," and "approachable"), "knowledgeable" (which included the adjectives "knowledgeable" and "experienced"), "professional," "competent" (including the words "competent," "capable," and "proficient"), or "confident" (adjectives included "confident" and "comfortable").

In a second analysis of the qualitative data, an online text analyzer from online-utility.org was utilized to find the most common adjectives used by participants who listened to the male and interpreter and who listened to the female interpreter. The lists did not differ by much. The most common words in the qualitative responses of those who listened to the female interpreter include "knowledgeable" (used 30 times), "professional" (19 times), "clear" (18 times), "expressions" (11 times), and "signing" (11 times). Those listening to the male interpreter most commonly said "facial" (used 27 times), "expressions" (25 times), "good" (21 times), "signing" (21 times), "knowledgeable" (20 times), and "professional" (15 times). Gender of the participant did not seem to have an effect on these results.

Discussion. When originally embarking on this research journey, I expected to find what female interpreters have indicated in informal settings and in other studies: the gender of the interpreter has an impact on the perceptions of our consumers. Other researchers have shown that women struggle to be seen as competent, authoritative,

likeable, and intelligent (Heilman & Haynes, 2005; Heilman et al., 2004; Karpowitz et al., 2012; Ko et al., 2009; Thomas-Hunt & Phillips, 2004). While some of the patterns that emerged in this study show that a male Deaf presenter with a female interpreter may be viewed as less intelligent, trustworthy, friendly, and authoritative—especially when interacting with certain demographic groups—further research is needed. It is also interesting to note that trustworthiness and intelligence were the two areas where male participants gave higher ratings when listening to the male interpreter. This corresponds to previous studies that found gender differences in estimates of trustworthiness and intelligence (Matarozzi, Todorov, Marzocchi, Vicari, & Russo, 2015; Petrides, Furnham, & Martin, 2004). This could mean that female interpreters face more of a challenge in conveying the trustworthiness and intelligence of their Deaf consumer when their hearing consumer is a man.

There are many possible reasons that the results of this study did not show strong patterns indicating gender bias. After eliminating variables to simplify the experiment, it is possible that some of the factors that influence consumers' responses to the gender of the interpreter were no longer present. In this study, for instance, participants could not see the interpreter. It seems likely that the physical presence of the interpreter does have some effect; future studies that include either an interpreter in the same room as the participants or an interpreter visible on screen may show this. Similarly, results may show gender bias if participants were asked their opinion about the interpreter instead of about the presenter. In trying to maintain the authenticity of the experience for participants, both interpreters produced their own unique interpretation of the ASL presentation. While both interpretations were deemed to be accurate and both

interpreters indicated that the recording they produced was typical of their work, there could have been enough difference in the quality of the interpretation to alter the results. It is also possible that participants in this study were being careful about their answers, even if they were not aware that gender bias was being measured; Stephens-Davidowitz (2017) has shown that people's responses on surveys reveal very different information than their anonymous Google searches do.

While the patterns that emerged in this study are interesting, they will need to be substantiated by further research to be deemed significant. Future researchers would do well to examine the design of this survey and make modifications that could result in more substantial findings on gender bias in interpreted interactions. Until then, the results of this study combined with related research will be useful in discussions within interpreters' Communities of Practice.

Orientation to the Interpreted Interaction

One of the unpredicted but meaningful results that became apparent during the course of this research was the confusion and distraction that participants experienced regarding what they were seeing and hearing and how this confusion and distraction affected their responses. While much has been written about interpreter ethics and how interpreters embody their role in interpreted interactions, there is a lack of research related to how hearing consumers (and even Deaf consumers) are oriented to the mechanics of an interpreted interaction and informed about the process of working with an interpreter. In this section, I will explain what the qualitative data in this study shows about participant confusion and distraction. I will then explore how strict interpretations of interpreters' ethics and role have led to a lack of information for consumers. I will

show that further research and discussion is warranted regarding the importance of orienting interpreting consumers.

Results. When coding participants' open-ended responses to the question, "What was your impression of the presenter?" it quickly became apparent that many participants had answered with a description of their own confusion or distraction while watching the stimulus video. Indeed, 31 people (8.6% of participants) were confused about who the presenter was. In spite of the study being titled "Deaf Presenter Survey," these participants indicated that they were unsure if the presenter was the man on the screen, the voice they were hearing, or both. Comments such as "Spoke slowly," "I assume the presenter was the person whose voice I could hear," and "I didn't see the presenter but only the interpreter in the video" were coded to indicate that these participants were unsure who the presenter was.

When asked their impression of the presenter, 94 people (26.3% of participants) commented on the process of watching the video and/or listening to the interpreter. Participants in this category made comments such as "I couldn't tell if his signing was following the spoken word, or simultaneous with it, which distracted me" and "I found myself trying to 'listen' and simultaneously watch the presenter to understand if what I was 'seeing' matched my perception of what he was signing."

When asked their impression of the presenter, 71 people (20.4% of participants) commented on the presenter's facial expressions, which are an integral part of ASL grammar (Reilly & Bellugi, 1996). Responses in this category included: "His facial expressions didn't always seem to reflect what was being said," "Good facial expressions," and "I found myself more interested in what his facial expressions were

rather than watching his hands. At one point I wished I could have blocked his face.” People who used words like “expressive” and “animated” were also included in this category.

When asked their impression of the presenter, 21 people (5.8% of participants) commented on the presenter’s use of ASL. Comments in this category included: “Easy to watch, appeared to give clear signing,” “Very fluid and smooth with the signs,” and “The signing seemed slow.”

Throughout the coding process, some of the responses were determined to fit multiple categories. This response, for example, indicates that the participant did not know who the presenter was and was distracted by the process: “I got bored with the subject and distracted watching the interpreter (which is interesting), but with both the delay in the speaking and the signing, I was [distracted] and had a hard time following it all.” This response, and others like it, was coded in multiple categories.

In total, 156 people (44% of participants) made comments about the process of watching the video, the ASL, the presenter’s facial expressions, or indicated that they did not know who the presenter was. Some of these people also described their impression of the presenter (for example: “Clear and detailed, however [I didn’t know] if he was signing correctly”). Even with this overlap between the categories, only 76.7% of participants answered the question with the type of response it was intended to elicit—a description of their impression of the presenter himself.

When delving into these results, it is interesting to note who was confused and distracted. Of the 31 people who did not know who the presenter was, only two were Millennials. Further inspection shows that only 2.9% of Millennials were confused,

while 9.7% of Gen Xers and 11.2% of Baby Boomers were confused. Interestingly, familiarity with ASL or with interpreters did not seem to make much difference in whether participants indicated confusion or distraction. Forty-seven percent of people who indicated that they know no ASL were confused or distracted, as compared with 41% of those who know a little ASL and 44% of those who know some ASL. Similarly, 47% of participants who indicated that they are not at all familiar with interpreters were confused or distracted, as opposed to 39% of those who were somewhat familiar and 42% of those who were very familiar with interpreters.

Perhaps even more interesting is what the quantitative data indicates about these participants and their responses. Responses on the Likert scale show that participants who were distracted or confused gave the presenter lower-than-average ratings on his soft skills, while people who were able to describe their impression of the presenter gave higher-than-average ratings, as shown in Figure 4.

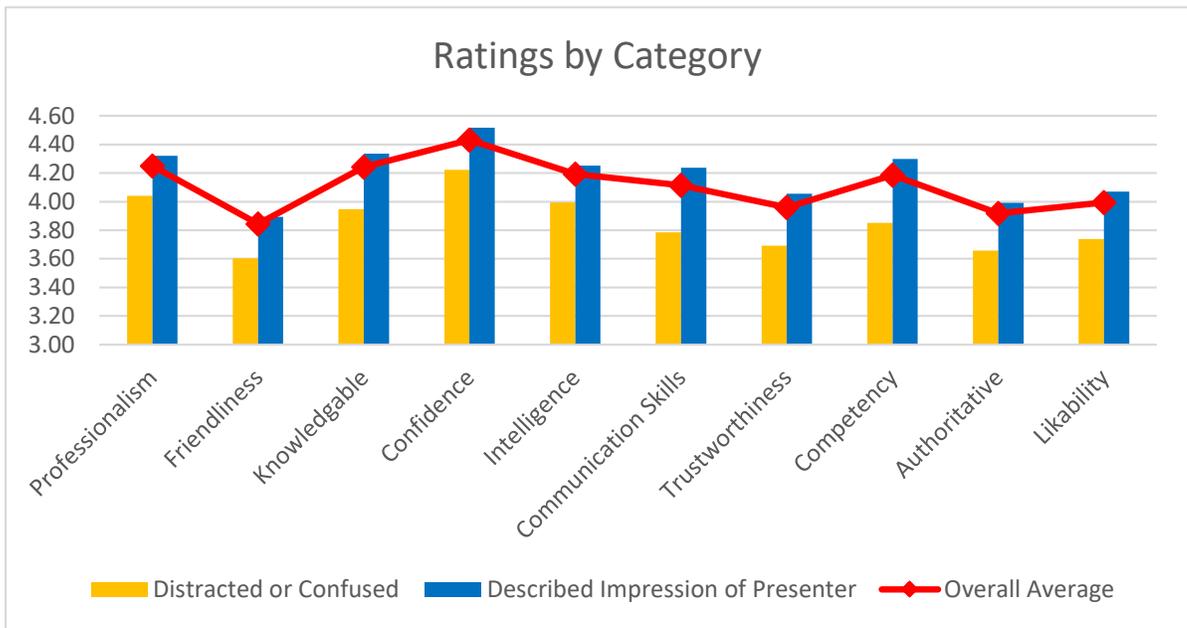


Figure 4. Ratings in each soft skills category

Although in Figure 4 comments about the presenter’s signing have been included in the category of “Distracted and Confused,” people who made such comments actually gave higher-than-average ratings. Figure 5 separates the ratings of those who made comments about the ASL in their open-ended responses from the ratings of those who were confused about who the presenter was and/or made a comment about the facial expressions or process. In this configuration, the ratings of those who were distracted or confused are even lower in comparison to the ratings of those who were able to describe their impression of the presenter.

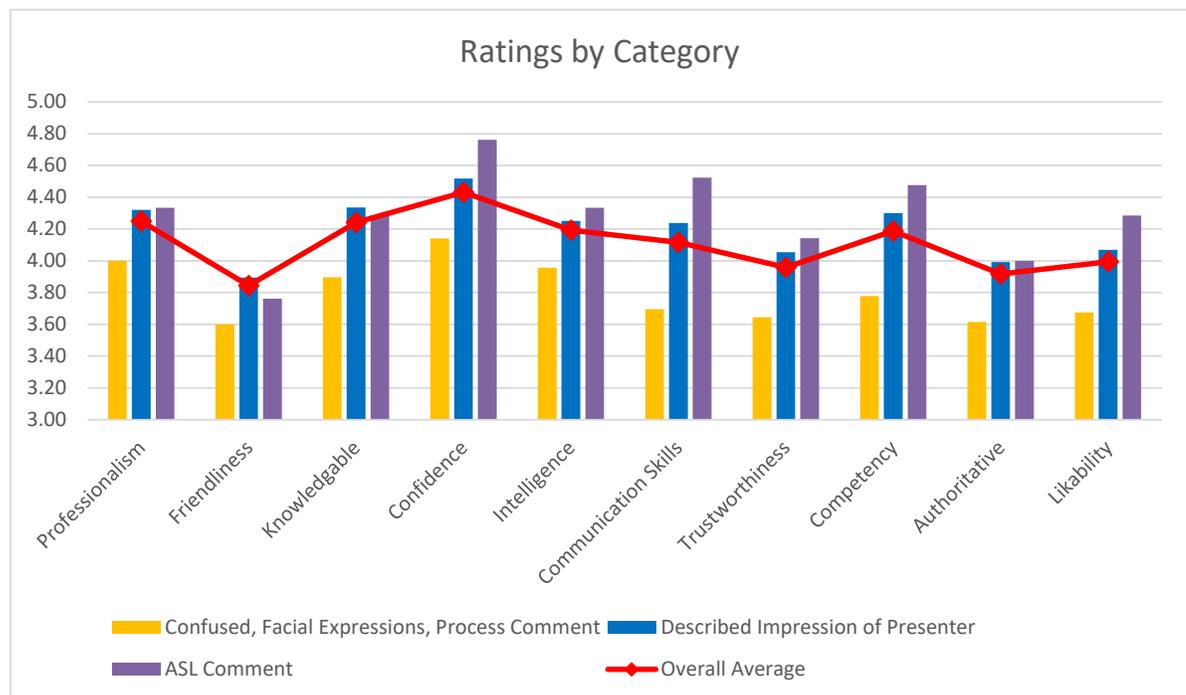


Figure 5. Ratings—participants confused or commenting on presenter’s facial expressions or the process of watching the video

Discussion. This study did not include an introduction or explanation that could have clarified for participants the identity of the presenter, the role and function of the interpreter, or what participants could expect when watching the video. In the real world, interpreters may likewise overlook opportunities to orient consumers who are new to

interpreted interactions and who have never learned about the process of working with an interpreter. Interpreters' decision-making processes in this area are directly related to how they envision their role and their ethical responsibilities as an interpreter. There is a lack of research and guidelines for orienting consumers to the interpreted interaction, but as this study and other research about role confusion shows, it would be worthwhile to prioritize this topic in discussions and future research in the interpreting field.

One likely reason that interpreters may not introduce themselves or provide an orientation to the interpreted interaction for novice consumers is the constraints that are embedded in their ethical codes and vision of their role. Witter-Merithew (1999) described the evolution of the interpreting field and the associated changes in how interpreters view their role. When the interpreting field tried to move away from a paternalistic caretaking approach with the establishment of the Registry of Interpreters for the Deaf (RID) in 1964 and the adoption of a Code of Ethics, the pendulum swing led to interpreters being characterized as “conduits” or “machines” (p. 2). McIntire and Sanderson (1995) explained that this led to interpreters “rejecting any responsibility for what happened to deaf people” and becoming “‘invisible’ behind the skirts of the newly adopted Code of Ethics” (p. 1). Witter-Merithew, Swabey, and Nicodemus (2011) wrote that “in the United States, the practice of acting as if invisible may have been devised in an honest but misguided attempt to put the power back in the hands of deaf consumers” (p. 73).

Although these changes were taking place as early as the 1970s and interpreters' understanding of the role has continued to evolve, the Code of Professional Conduct (Registry of Interpreters for the Deaf, 2005) can still be interpreted to mean that

interpreters are to remain as invisible as possible. Tenet 2.5, for example, advises that interpreters “refrain from providing counsel, advice, or personal opinions” (p. 3) and tenet 3.5 says that interpreters should “conduct and present themselves in an unobtrusive manner” (p. 3). Dean and Pollard (2005) pointed out that “taken in its most conservative, literal context, [tenet 2.5] would seem to preclude interpreter commentary to consumers while on the job” (p. 262). Llewellyn-Jones and Lee (2014) concurred, writing that “interpreters are taught not to interact with the interlocutors other than to interpret the meaning of their utterances” (p. 19). Witter-Merithew et al. (2011) agreed, writing that “interpreter ethical codes may be taken to encourage non-involvement rather than a relational approach to the work” (p. 72).

The idea of invisibility appears repeatedly in research about the role and function of the interpreter. Specific techniques that interpreters use to appear invisible are described by Witter-Merithew et al. (2011) and by Hsieh (2010). Many of these same researchers also point out that invisibility can be problematic. Llewellyn-Jones and Lee (2014) wrote that staying strictly “in role” and trying to be invisible limits the strategies available to interpreters (p. 27). One of the problems with this approach, they asserted, lies in the awkwardness of interpreters trying to minimize their involvement in the interaction when they are very obviously another person sharing the space: “If an interpreter in an interaction is not presenting himself or herself in an expected way, this can have a negative effect on all participants” (p. 21). Metzger (1999) also emphasized that trying to be invisible does not work. In spite of interpreters’ intentions, “the anecdotes that interpreters and laypeople share suggest that the traditional perception of

the interpreter's role as a neutral conduit of language is at odds with people's real-life experiences" (p. 1).

Internationally, multiple studies in both signed language and spoken language interpreting fields describe the expectation that interpreters act as a conduit—not a participant—in interpreted interactions. While this expectation is sometimes codified and sometimes more of an unwritten rule, evidence shows that interpreters the world over exhibit behaviors that deviate from this expectation (Nakane, 2009; Van De Mierop, Bevilacqua, & Van Hove, 2012). Norström, Gustafsson, and Fioretos (2011) explained the conflicts that Swedish interpreters experience when trying to balance ethical and practical considerations. Similar to sign language interpreters in the United States who often feel that they should be as invisible as possible, Swedish interpreters of various languages feel that “the first person format is important for maintaining neutrality and impartiality. By using the first person, the interpreter ‘erases’ his or her own person and opinion.” (p. 14). At the same time, this study finds that it is seen as an important function of the interpreter to:

Inform the parties beforehand about his/her role. Ideally this is done by giving the interpreter the time to open the meeting by introducing him or herself, explain that interpreting will be done in the first person and that the interpreter is neutral and impartial and bound to professional secrecy regarding everything that is said.

(p. 14)

Limiting the interpreter's utterances to first person interpretations, though, obviously inhibits their ability to clearly introduce themselves and explain their function in the interpreted interaction. As Norström et al. (2011) stated: “Several interpreters have

pointed out that when they introduce themselves to elderly people and children, they have to explain things extra carefully. Exceptionally they feel obliged to deviate from the first person format” (p. 15). The researchers suggested that more dialogue between interpreters and consumers would benefit everyone involved, but such conversations are limited by the Swedish interpreter code of ethics, a document called Good Interpreting Practice:

Increased understanding by the interpreter user of what interpreting implies could perhaps lead to insights into why volunteer interpreters should not be used by public institutions, what one can expect of a professional interpreter, and also bring mutual respect for the other’s role, task and professional ethics. Such a dialogue, however, is made more difficult by the strict rules in Good Interpreting Practice. (p. 20)

The current study shows that when hearing consumers are confused or distracted they have a more negative impression of the Deaf consumer. Furthermore, familiarity with interpreters did not seem to have a big influence on whether participants were confused or distracted (47% of those who were not familiar with interpreters indicated confusion or distraction versus 44% of those who were very familiar with interpreters). This is important because research has shown that when consumers are not educated about the function of the interpreter or what to expect when participating in an interpreted interaction, confusion and distraction are common results. Metzger (1999) explained that “each participant, including the interpreter, comes to the interaction with a unique set of experiences and background information” (p. 49). When time is not taken to ensure that all participants are on the same page, misunderstandings about the interpreter’s actions

can occur. As an illustration of a typical scenario where this confusion and distraction shapes the interaction, Metzger analyzed an interpreted medical encounter involving a sick child and a Deaf mother, where “no introduction or explanation regarding the interpreter and her presence” had occurred (p. 75). Both the doctor and the nurse appear confused by the interpreter’s use of first-person language and continue to use third person pronouns to refer to the Deaf person (“tell her”) until the doctor finally had to clarify who gave the ailing child medicine: “You (points to interpreter) tried or she (points to mother) tried?” (p. 78). The interpreter interpreted this question to the Deaf mother, who assumed the responsibility of explaining the function of the interpreter and how the doctor would experience that: “When the interpreter is interpreting, she will be speaking as if she’s not in the room. She’s speaking for me.” When the doctor clarified by asking the interpreter, “You’re not taking care of him, you’re just interpreting?” the interpreter again signed what he had said, and the Deaf woman responded, “I just met her for the first time today” (pp. 77-79). Metzger suggested that this doctor was particularly confused because, with no introduction or orientation to the interpreted interaction, he was not operating from “a schema in which the interpreter is a professional expert and colleague” (p. 80).

Findings in more recent research also indicate that a lack of education for hearing consumers often leads to misunderstandings about who interpreters are and how to work with them. Leeds (2009, as cited in Llewellyn-Jones & Lee, 2014) surveyed doctors’ clinics in one of the largest cities in the United Kingdom, inquiring who was interpreting for their Deaf patients. In spite of the fact that all of these clinics held contracts with an agency that was providing fully qualified interpreters, “54% thought the person accompanying the patient was a ‘friend’, 15% a ‘carer’, and 8% a ‘social worker’”

(Llewellyn-Jones & Lee, 2014, p. 43). Similar findings are apparent in research on spoken language interpreters. In a study of legal interpreters in England and Wales and the police officers with whom they work, Kredens (2017) found some key areas where understanding of the interpreter's role differed between the two groups. "It seems that most of the problems to do with role confusion can be avoided by spelling out the relevant interaction rules either prior to the interview," the researcher says, going on to explain that some police departments have made such information a part of their officers' continuing education but that there is no standard approach for educating these frequent consumers of interpreting services (p. 74). Hsieh (2010) studied medical providers and spoken language interpreters in the United States and found that "providers and interpreters may have different understandings about interpreters' roles" (pp. 1-2). Specifically, Hsieh found, "providers are not familiar with nor trained in interpreters' specialized speech practices. As a result, their understanding and expectation of interpreters' behaviors are based on their normative model of communication. Many perceived interpreters' behavior to be impersonal and unhelpful" (p. 3).

Some of the literature on role confusion specifically calls out the need for interpreting consumers to undergo some sort of orientation to the interpreted interaction. Medical interpreters in Sweden, for example, have expressed a desire for healthcare staff to undergo more training on how to work with interpreters, specifically how to speak clearly, where to position themselves in the room with a patient and interpreter, how to communicate critical information to the interpreter, and the importance of using a professional interpreter as opposed to a family member or bilingual staff person (Hadziabdic & Hjelm, 2016, p. 226). Sharing this information would be beneficial in the

healthcare environment because “when professionals understand each other’s roles and responsibilities, they are more likely to successfully coordinate with each other and provide quality care” (Keenan, Cooke, & Hillis, 1998, as cited by Hsieh, 2010, p. 6). Information sharing can also serve the purpose of building rapport and trust among the interpreter and the interlocutors. Llewellyn-Jones and Lee (2014) suggested that “successful interpreting depends on trust. Interlocutors have to trust that what they are saying (and meaning) is being portrayed in a way that they would want” (p. 24).

Researchers, educators, and interpreters can look to literature from other fields when considering how orientation to the interpreted interaction may impact participants. In the nursing field, Adams, Anderson, Docherty, Tulskey, Steinhauser, and Bailey (2014) examined communication between Intensive Care Unit nurses and the families of patients who are at a high risk of death. Providing factual information has been shown to inspire confidence, improve coping skills, and help family members feel “more prepared for what might happen next” (p. 6). In an analysis of 44 articles related to end of life care, Adams, Bailey, Anderson, and Docherty (2011) found that one of the most important functions of nurses is to “give information to family members” (p. 8). This paper also emphasizes that family members are most satisfied when nurses are “interpreting and explaining to them what is happening” (p. 13). Berry, Davis, and Wilmet (2015) wrote about working with customers—in the case of their research, cancer patients—who are in a state of stress. The authors emphasized that “failure to recognize and quickly respond to their emotional states leaves customers feeling scared, frustrated, powerless, and ignored” (p. 90). The very first tactic they suggest for avoiding these negative feelings is to “prepare customers for what’s next” (p. 90).

There is a striking lack of research and guidelines on how interpreting consumers should be informed of the dynamics of an interpreted interaction. Witter-Merithew et al. (2011) stated that “ideally, interpreter education programs prepare graduates capable of keeping both parties fully informed of what is happening, who is speaking, and what the interpreter is doing in a transparent, authentic, and natural manner” (p. 75). Llewellyn-Jones and Lee (2014) suggested that “by introducing him or herself, and explaining briefly his or her relationship with the minority language user, the interpreter is acting as any professional would be expected to behave” (p. 43).

Humphrey and Alcorn (2007) gave advice about working with what they call “uninitiated consumers:”

Dealing with uninitiated consumers is part of managing the process and the way it is handled often has significant impact on the interpersonal dynamics that emerge. Self-advocacy skills are required. In spite of increasing public awareness, some people still do not understand an interpreter’s role or what the interpreter needs to perform her/his job maximally ... It may be necessary for the interpreter or the Deaf consumer to “brief” parties about the “do’s and don’ts” of working with an interpreter. For example, an interpreter may have to tactfully, but insistently, explain to an x-ray technician that the Deaf client cannot hear through the partition as s/he shouts, “take a breath—hold it—now breathe.” Thus, interpreters must be able to predict their needs prior to entering interpreted settings and effectively and professionally communicate those needs to others. (p. 251-252)

Specific to interpreting in healthcare settings, Witter-Merithew et al. (2011) advocated for “establishing presence by developing open and authentic relationships with

healthcare professionals and consumers, thinking critically, and expressing oneself professionally in order to solve interpreting problems collaboratively” (p. 81). While this advice lacks specificity on how this may be achieved, the authors also argued that “signed language interpreters must put to rest the myth of invisibility and noninvolvement once and for all, and establish interpreter presence as the standard of practice” (p. 81). In an extensive technical report listing competencies that interpreters in healthcare settings should possess, Swabey and Dutton (2014) included some responsibilities that could be included in consumer orientation. In addition to specific competencies that ensure access for all parties, this report suggested that:

The interpreter provides healthcare providers with information about interpreting, and refers providers to Deaf, hard of hearing and deaf-blind [*sic*] people who can discuss Deaf culture, deafness, blindness and how the needs of individuals from these communities can be best met in the healthcare system. (p. 43)

Illustrating the classic ethical constraints described above, this report also emphasized that “the interpreter limits personal involvement with all parties during interpreting” (p. 17) and that “the interpreter demonstrates knowledge of the [National Association of the Deaf—Registry of Interpreters for the Deaf] Code of Professional Conduct and the implications of providing advocacy. The interpreter is also aware of the [National Council on Interpreting in Healthcare] code of ethics and its position on advocacy” (p. 43).

The national organization for sign language interpreters in the United States, the Registry of Interpreters for the Deaf, publishes Standard Practice Papers (SPPs) that act as an outline for interpreting best practices. Current SPPs lack suggestions or guidelines

for interpreters who are in a position to educate novice users of interpreting services. In fact, the only SPP that mentions that consumers should “understand how to navigate an interpreted interaction” states that this is the responsibility of interpreting agencies, not interpreters or consumers themselves (Registry of Interpreters for the Deaf, 2014, p. 2). There are also no specific suggestions for expected behavior of the participants during an interpreted interaction (e.g., using first person pronouns). The SPP titled “Professional Sign Language Interpreting,” for example, explains the function, education, certification, and expectations of sign language interpreters (Registry of Interpreters for the Deaf, 2007d). This paper includes brief descriptions of simultaneous interpreting, consecutive interpreting, and team interpreting, but these descriptions cover the process of interpreting and not what the consumer can expect to see or hear during the interaction.

Although none of the SPPs detail how interpreters might introduce themselves or orient consumers to the interpreted interaction, some of the SPPs do mention how the interpreter might explain his or her function to participants in specific settings. The SPP about interpreting in mental health settings (Registry of Interpreters for the Deaf, 2007b) says that “providing commentary on language, culture and the interpreting process is appropriate in many circumstances” (p. 1). The SPP regarding K-12 educational interpreting suggests that “when not interpreting or preparing for interpreting, other duties may be part of the educational interpreter’s assignment, such as ... presenting in-service training to classroom/school personnel about the roles and responsibilities of the interpreter” (Registry of Interpreters for the Deaf, 2010a, p. 3).

Other SPPs suggest that participants should receive information or training on the function of the interpreter but make no mention of who might be responsible for this.

The SPP regarding religious interpreting says that “members affiliated with the particular setting should also be made aware of the interpreting services to be rendered, and all parties should understand the role of the interpreter” (Registry of Interpreters for the Deaf, 2007c, p. 2). The SPP on the topic of Video Remote Interpreting (VRI) mentions that hospital staff who will be utilizing VRI services should undergo routine training that includes “guidance for working with a remote interpreter (e.g., awareness of additional lag time)” (Registry of Interpreters for the Deaf, 2010b, p. 6). The SPP for conference interpreter coordinators suggests adoption of an interpreting policy for participants: “This policy addresses expectations regarding how conference participants may or may not interact with the working conference interpreters, specifically while interpreting” (Registry of Interpreters for the Deaf, 2007a, p. 3). It is uncertain how widely these SPPs are used and by whom.

Outside of RID, some literature and guidelines exist advising consumers on best practices when working with interpreters, but implementation and education are not standardized or consistent. Fung, Richter Langha, Henderson, and Gomez (2010) found that most teaching hospitals lacked training in how to work with interpreters and recommend development of research-based guidelines for providers as well as implementing training based on such guidelines. Hadziabdic and Hjelm (2013) and Mikkelson (1995) provided resources for medical providers who work with interpreters. In addition to explaining the basics of the interpreting process and the challenges that can arise during an interpreted interaction, there are tips for successful communication through an interpreter. These tips include prebriefing and debriefing with the interpreter, addressing the patient directly, and being attuned to the interpreting

process and non-verbal cues from the patient that could indicate a need for clarification. It is unclear how widespread the use of such information is, but previously mentioned studies that describe confusion on the part of healthcare staff would indicate that this information is either not available to or not utilized by many providers.

In the current study, when asked their impression of the Deaf presenter, 44% of participants indicated that they were confused and/or distracted by the use of ASL or the interpreting process. Moreover, participants who indicated confusion and/or distraction gave the presenter lower ratings in soft skill categories than those who responded to the question as it was designed to be answered by describing their impression of the presenter. This survey did not include information that would orient consumers to the interpreted interaction, and a review of the literature found a lack of research and standards related to orientation, who should conduct the orientation, and what that orientation should include. The results of this study indicate that further research and discussion within the interpreting field is warranted.

CHAPTER 5: RECOMMENDATIONS

Gender Bias

Responses to this survey did not indicate consistent evidence of gender bias when participants were listening to the female interpreter. Patterns did emerge that indicated a male Deaf consumer with a female interpreter may be perceived less favorably by individuals from the Greatest Generation, the Midwest, the Rocky Mountain states, and the South. It is also possible that a male Deaf consumer with a female interpreter may be perceived as less authoritative, friendly, trustworthy, and intelligent than a male Deaf consumer with a male interpreter.

Perceptions of interpreting consumers and how they are influenced by the gender of the interpreter have not yet been fully explored in the literature. Other studies have shown that interpreters, themselves, believe their gender to be a factor that influences their work and their consumers (Artl, 2015; Brück, 2011). Further research is needed to develop an understanding of how gender bias affects interpreting practice, consumers, and the experiences of the interpreter. Future researchers might consider designing experiments that take into account monologic versus dialogic scenarios, gender matched versus mismatched interpreter-consumer pairs, physical presence of the interpreter, and feminine versus masculine appearance and vocal tone. Responses may also be revealing in scenarios where both the Deaf consumer and the hearing consumer are experts in the topic. While this study focused on the experiences of female interpreters, it is important to remember that gender is not binary; it is recommended that future studies endeavor to include interpreters and consumers from across the gender spectrum. Likewise, gender

bias is just one layer of oppression. Future research needs to examine how sexism interacts with other types of oppression, such as racism and homophobia.

In addition to scientifically validating what female interpreters have anecdotally reported, it is important to explore options for alleviating this oppression. Some questions that may be explored follow. What strategies are female interpreters already using successfully to minimize or alleviate oppression? What parts of sexism and audism can be addressed systemically and how? How can interpreters form allyships with team interpreters, consumers, and agencies to lessen the impact on interpreters and on the Deaf community?

In parallel with growing the body of research on gender bias in interpreting, interpreters and consumers can be discussing and addressing this issue within their own communities. Sharing information, listening to each other's experiences, and exploring options are all vital parts of conversations that can take place in both formal and informal settings. Assignment prebriefings and debriefings can be used for interpreting team members and consumers to strategize scenario-specific approaches. Workshops and trainings are perfect venues in which to share research and brainstorm potential control options (control options are potential responses to job challenges; Dean & Pollard, 2004, p. 57). Interpreter discussion groups and supervision sessions, where interpreters engage in case conferencing about the demands and controls of a particular interpreting context following a Demand-Control Schema framework (Dean & Pollard, 2009), are excellent places to gain affirmation and learn from each other's experiences.

Although findings of oppression in this study are inconclusive, literature shows that women and Deaf people experience both subtle and overt oppression on a daily

basis. Female interpreters are in a position to both witness oppression and to experience it themselves, and awareness of this injustice can be heartbreaking, frustrating, and exhausting. Studies have shown that sign language interpreters experience vicarious trauma and that the field lacks sufficient supports for addressing it (Andert & Trites, 2014; Macdonald, 2015). Self-care is an important strategy in managing and treating trauma. Processing, understanding, and combatting oppression requires both empathy and strength. Interpreters can recharge on both of these fronts by engaging in meaningful and regular self-care, be it journaling, therapy, exercise, art, supervision sessions, meditation, gardening, being outdoors, or any other activity that is restorative and empowering.

Orientation to the Interpreted Interaction

As already discussed, unexpected results emerged in this study when coding of participants' open-ended responses revealed that 44 percent of the participants were confused, distracted, or both when watching the Deaf presenter and listening to the interpreter. Moreover, those who indicated confusion and/or distraction in their open-ended responses had a more negative impression of the Deaf presenter when rating him on his soft skills. While some factors that are typically present in an interpreted interaction were eliminated to control the variables present in this experiment, the experience of the participants in this study can still be viewed as representative of consumers in real-life interpreted scenarios. It is reasonable to assume that many hearing consumers of interpreting experience the same confusion and distraction as the participants in this study and therefore have a more negative impression of the Deaf interlocutor.

It would be informative to replicate this study in an experiment designed specifically to measure confusion and distraction. While this survey only asked participants' impressions of the presenter, participants may have conflated their impressions of the Deaf presenter, the interpreter, and the experience of receiving information through an interpreter; in future studies it may be beneficial to measure these elements separately. The format of this study could be replicated with a simple variable substitute: The gender of the interpreter could be consistent and half of participants receive an introduction and orientation to the interpreted interaction while the other half do not.

Exploration of current practices in the interpreting field is also imperative. A lack of research and insufficient guidelines have left interpreters and savvy consumers to come up with their own ways of orienting novice consumers. There are, no doubt, effective approaches being utilized every day; the collective wisdom on this topic that is held in the Deaf, DeafBlind, and interpreting communities should be documented and examined. Research in this vein could illuminate what approaches to orientation are currently being used, how often, and to what effect.

How interpreters facilitate introductions and orientation to the interpreted interaction is an important topic of discussion for interpreters to be having with colleagues and with consumers. Further research will bolster these conversations, but the interpreting field should be considering how interpreters approach their consumers and the influence of power dynamics, systemic oppression, context-specific expectations, and evidence-based information sharing. Every situation is different and every interpreter

brings their unique self to each job; there will never be a one-size-fits-all answer to the question of how consumers receive orientation.

The original purpose of this study was to examine gender bias and how conscious or unconscious opinions about female interpreters may compound the oppression of Deaf and DeafBlind consumers. Unexpected findings in the data revealed that almost half of the participants in this study indicated distraction or confusion, and that those who indicated distraction and/or confusion gave the presenter lower ratings in all 10 soft skill categories than participants who were able to describe their impression of the presenter. These results suggest that participants could have benefitted from an orientation to the interpreted interaction, and a review of the literature showed that the interpreting field currently lacks research and guidelines on best practices for orienting consumers. The findings of this study indicate that omitting consumer orientation in interpreted interactions may contribute to a negative perception of the Deaf consumer. Interpreters and consumers would benefit from future research and from ongoing dialogue within their Communities of Practice.

CHAPTER 6: CONCLUSION

Gender Bias

The original research question for this study was *Does the gender of the interpreter impact audience perception?* I was moved to explore this topic because of my own personal experience and because of the stories of other female interpreters. The literature, to date, has been scant on the topic of gender bias toward interpreters. Artl (2015) and Brück (2011) researched the experiences of interpreters; all of the subjects in their studies acknowledged that their gender affected their work. Anecdotal evidence from female interpreters suggests that gender bias can lead to negative outcomes for female interpreters and their consumers. Research in the interpreting field has yet to lend support to this argument, but that does not mean that oppression of female interpreters is not happening.

Although this study did not find strong evidence of gender bias, the results lay the groundwork for future research. It is possible that the patterns that emerged in this study will be replicated by other researchers. It is also possible that changes to the methodology will lead to more revealing results. Including physical presence of the interpreter or a dialogic interaction, for example, may influence the perceptions of participants. Asking different types of questions may be more revealing—perhaps wording questions so that participants do not realize they are rating someone or asking their opinions about the interpreter or the situation would draw out different responses. It would also be valuable to continue the work of Artl and Brück in collecting evidence of

interpreters' experiences and approaches to the problem. Researchers need to build a multi-faceted body of data that allows this issue to be examined from many angles.

In the meantime, oppression is happening all around, on a personal and a systemic level. It is vital that interpreters engage in conversations within our Communities of Practice that are honest, supportive, and empowering. Including consumers in these conversations and in problem-solving will build and strengthen the allyships that are the key to systemic change.

One small example of engaging consumers comes from my work with a Deaf Information Technology professional, which I described in the introduction. This man often interacted with a variety of hearing people through an interpreter, and he was very understanding of how interpreter decalage time could influence conversational turn-taking. Even though he was more than willing to yield the floor when it would commonly be polite, he and I found that some of the people he interacted with would interrupt his utterances (and therefore my ASL-to-English interpretations) more often than others. We discussed this and had the same impression that the behavior, in these cases, was a product of audism, sexism, or—more likely—both. We negotiated a simple signal I could use to indicate that my interpretation of his utterance was being interrupted so that he could address it. In this way the Deaf person was empowered with immediate access to information about the interaction, the interpreter was relieved of an additional layer of decision-making, and the behavior received an immediate response that was direct but deemed by the Deaf consumer to be appropriate for the context.

In working to address gender bias and its impact on interpreters and consumers, I want to caution against approaches that center around women changing their behavior.

Many of us have heard about the differences between “men’s language,” which is described as powerful, and “women’s language,” which is described as powerless, most famously outlined by Tannen (1994a; 1994b; 1991) and written about more recently by Holtgraves and Lasky (1999) and Blankenship and Holtgraves (2005). Taken at face value, it is easy to conclude that the problem is how women talk. Indeed, other studies and articles on the topic of gender, language, and interpreting suggest that female interpreters attend to the language they are using and attempt to reduce the frequency with which they use fillers, hedges, apologies, and uptalk, which is ending a sentence or phrase in a way that makes it sound like a question (Levine, 2007; MacDougall, 2012; MacDougall, 2007; Mayo, n.d.; McIntire & Sanderson, 1995; Morgan, 2008). McIntire and Sanderson (1995) have even gone so far as to suggest that “we should be recruiting more men into the field in order to alleviate the issues around powerless language usage” (p. 7).

Unfortunately, solutions to gender issues that suggest ways to “fix the women” often fail to take into consideration the gendered social context from which gender differences in behavior emerge (Deaux & Major, 1987; Ely & Meyerson, 2000; Wade & Brittan-Powell, 2001; Watson, 1994). Society rewards and reinforces different types of behavior for men and women (Eagly, 1997), and it is not always a successful strategy for women to act more like men in order to claim the same resources and privileges (Bowles et al. 2007). While female interpreters may be aware that our gender is influencing our effectiveness in relaying a message accurately, there is no straightforward solution to addressing the barriers in any given situation. As Crawford (1995) emphasized, “the

same speech features may be perceived differently due to gendered expectations—they may not ‘work’ the same way for women as they do for men” (p. 45).

Women are intelligent, observant, and resourceful when it comes to language use, a fact that should be applauded and expanded upon when addressing issues of gender bias in the interpreting field. Baxter (2012) wrote about role traps, which limit women’s behavior to fit societal expectations, but also about women’s adeptness at using various linguistic strategies within these role traps to achieve their goals. “Part of the task of desilencing,” Crawford (1995) asserted, “is to recognize that when women use distinctive speech strategies they may well be highly adaptive and necessary to those women’s social position. ‘Nonassertive’ speech may lead to more positive social consequences than emulating male norms” (p. 177). Morgan (2008) concurred, stating that “it is important to remember that individuals choose the way they communicate based on many different factors, including the environment where the communication event takes place, the individuals involved, and the goal of the communication” (p. 68).

It is with this feminist perspective that I suggest that researchers and interpreters prioritize exploration of what strategies female interpreters are already successfully using, how they can utilize allyships with team interpreters and with consumers, and how to best contribute to the fight against systemic oppression.

Orientation to the Interpreted Interaction

Although not the original goal of this research, one of the most significant findings was the confusion and distraction experienced by survey participants and how this affected their responses. These unexpected results—that almost half of the participants experienced confusion or distraction and that these feelings corresponded

with a more negative impression of the presenter—prompted an exploration of related research, which was reported in the Findings and Discussion chapter.

The fact that interpreters introducing themselves and orienting consumers to the interpreted interaction is part of their daily work but has not yet been documented in the literature is perhaps a reminder that sign language interpreting is still a relatively young field. Results from this study can serve as a starting place for future research that explores current practice, the efficacy of various strategies, and the impacts of including orientation in interpreters' work. Researchers need to look not just to interpreters, but also to consumers who have experience and preferences around introductions and orientation to the interpreted interaction.

Existing research advocates for interpreters to work as a team with Deaf or DeafBlind people when approaching hearing consumers. In a study of interpreter competencies required by Deaf professionals in Science, Technology, Engineering, and Math (STEM) fields, Grooms (2015) found that interpreters should work with Deaf consumers to advocate for their needs; when surveying Deaf professionals in these fields, “most respondents felt it essential that the Deaf professional and interpreter work as a team to advocate for any interpreter needs that may arise” (p. 50). Research on Deaf/hearing interpreter teams also supports the idea of Deaf and hearing interpreters communicating and strategizing together on how best to approach consumers, which would logically include introductions and orientation (Reinhardt, 2015). Interpreters need to be cautious that the development of orientation strategies does not leave Deaf or DeafBlind people out and that implementation of these strategies does not usurp the power of interpreting consumers.

Orientation to the interpreted interaction is another important topic for discussion within interpreting Communities of Practice. Exploring this element of the work with other interpreters, mentors, educators, and consumers will bring more awareness to interpreters' habits and their effectiveness. Interpreters can learn from one another's strategies and can work together to develop guidelines and approaches that empower all of their consumers. The findings of this study will serve as a foundation for future research and discussion.

This study, as is the case with many research endeavors, leaves the interpreting field with more questions than answers. How does gender bias manifest in interpreted interactions? How does it impact consumers? In what ways might it compound the audism that Deaf consumers are already facing? What are best practices for orienting consumers to the interpreted interaction? What effects does orientation or lack of orientation have on consumers? How can interpreters act as allies during the orientation process? The findings of this study serve to shed light on these topics and serve as a starting place for future research. Researchers, interpreters, and educators can look to the framework and methodology utilized in this study as a basis for discussions and for future research.

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APPENDIX A: INTERPRETER WAIVER

THESIS RESEARCH PERMISSION TO AUDIO/VIDEO RECORD FORM

Colleen Jones, Primary Investigator
Western Oregon University
Masters in Interpreting Studies Program
Monmouth, OR 97361

I, _____, give Colleen Jones, a student in the graduate program Masters in Interpreting Studies at Western Oregon University, permission to audio record my interpretation. The contents of this recording will be distributed to an unlimited number of survey participants in the United States as part of a research study. A transcript of the interpretations will be created and included in the final thesis. I understand that all personally identifying information will be removed from the transcript, but survey participants will watch a video of the presentation and will listen to an audio recording of my interpretation. The likeness of the presenter and my voice will not be altered or concealed. Though unlikely, because the participants are not members of the Deaf community, survey participants may recognize or identify the presenter or my voice.

Note: The video with interpretation will be embedded in the survey, visible only to participants who meet the demographic criteria (adults who are not fluent in sign language) for participation and have provided consent to participate. After the survey data is collected, the recording will be maintained in a password-protected file on the cloud that only the researcher has access to, and will be erased after the researcher successfully defends her thesis. A copy of this waiver will be provided to the interpreter.

APPENDIX B: PRESENTER WAIVER

THESIS RESEARCH PERMISSION TO AUDIO/VIDEO RECORD FORM

Colleen Jones, Primary Investigator
Western Oregon University
Masters in Interpreting Studies Program
Monmouth, OR 97361

I, _____, give Colleen Jones, a student in the graduate program Masters in Interpreting Studies at Western Oregon University, permission to video record my presentation. The contents of this recording will be distributed to an unlimited number of survey participants in the United States as part of a research study. The presentation will be interpreted into English and a transcript of these interpretations will be created and included in the final thesis. All personally identifying information will be removed from the transcript, but survey participants will watch a video of the presentation. The likeness of the presenter and the voices of the interpreters will not be altered or concealed. Though unlikely, because the participants are not members of the Deaf community, survey participants may recognize or identify the presenter or the voice of the interpreter. The video will be embedded in the survey, visible only to participants who meet the demographic criteria (adults who are not fluent in sign language) for participation and have provided consent to participate. After the survey data is collected, the recording will be maintained in a password-protected file on the cloud that only the researcher has access to, and will be erased after the researcher successfully defends her thesis. A copy of this waiver will be provided to the presenter.

APPENDIX C: STIMULUS VIDEO INTERPRETER TRANSCRIPTS

Male Interpreter

Hi, my name is [name redacted]. Today I'm going to be giving a training on how to teach people to present and interact with legislative bodies. The first thing you want to do is split up your group into four groups or groups of five to ten people, depending on the size of your audience. To each group you will hand out a blank piece of easel paper that each of the four groups will use to make lists and brainstorm ideas about various communication issues or barriers that, uh, they want to address to the legislative bodies. During that time when the groups are working, presenters should work with each group to make sure that they're on track and that they're hitting, the, some key themes and ideas that you are hoping then that they'll be discussing, and after each, uh, group is done- you can give them about 10 minutes or so- have them post their ideas on the walls around the room and allow everyone- all of the other groups- to work throughout the room and see what ideas other groups came up with. Or you can have each group pick a representative to explain what they had come up with. But at that point you want to come up with some themes that you saw, um, arose in each of the groups and at that point you want to select- if you have four groups- four themes, and assign a theme issue to each of the groups. At that point each of the groups will get another piece of easel paper where they'll come up with a plan of action, whether it be a law or, or something of that effect to present to the legislative body. It's important that the presenter, prior to this, select some people who will serve as actors in representing, l-, the legislative body. And you want to assign each of the actors either, uh, various roles, so some people who will be in support of the bill,

some people who will be against it, some people who are budget conscious, um, people with various opinions, philosophies, beliefs, educational backgrounds, and whatnot so that they, they have a specific role that they're going to be playing. Also encourage them to dress in a suit and tie so that the presenters can practice having as real experience as possible. And so each of the groups, as I said, is going to be preparing a presentation for this mock legislative body, and you can give them about 10 minutes or so, depending on what they need to prepare a presentation. And then each of the groups will take a turn presenting to this legislative body; could be 3 or 5 minutes depending on how much time you have for your training. And I encourage you also have a timer or somebody who's assigned to give out timing cues throughout the presentation to make sure that they're staying on track they're, um, and, and are as professional as possible during this mock presentation. You want to encourage them to focus on the issues, the audience, what the impact of what they're presenting will bring, and then you're going to have each of the groups present for three minutes. At the conclusion of their presentation you want the legislative people to ask questions, just as they would normally. Um, you want some people to ask questions that are on point, some questions that are seeming, that seem to be off point to keep the presenters on their toes. After each group presents for three minutes you then want to have an open discussion to debrief the process. As a presenter or the trainer I would come up with a list of questions to help them recognize, um, some of the things that they were feeling throughout the process, especially during the questioning portion of the presentation, um, because oftentimes legislators will ask questions that, um, will be difficult for them to answer. And so ask questions about, "What did you notice about, um, this person's questioning?" or, you know, the, the

direction that this person was taking or the things that they were considering when they were asking you these questions. Um, ask them questions about what they noticed about who was in support of the bill and who wasn't, uh, to help them be more aware of who they should be, uh, attending to. But overall it's, um, it's really important to provide them with this, uh, experience to, to simulate what it'll be like in real life as much as possible.

Female Interpreter

Hello everyone. My name is [name redacted] and I'll be providing a brief training for you today on how to train people on how to talk to their legislators about issues that are important to them politically. Once your people are all assembled, divide into groups. That could be four groups, that could be any number, depending on your total audience, but just make sure each group has about five to ten people. And then give each group a large piece of poster board or large paper, because then each group will be discussing what their common frustrations are, barriers, what the issues are that they want to address politically. So you have each group brainstorm and write things down on their poster board. And you as the trainer will go around to each group, just make sure they're on the right track, that their conversations are really sticking to the point about what their issues are that they're going to want to bring up to the legislators. You want to give about ten minutes for this process. Then, when that's over, display all the posters and have each group rotate around so they can see what other groups talked about. Or you could choose one person from each group to come up front and make a presentation, either way. Then what you want to do is look for common themes among your groups. What were the common frustrations, barriers, issues, causes that they want to talk about. Um, let's say you have four groups that day: then you would narrow it down to the four top issues, and

assign each group one of those issues. At that time give them uh, another piece of poster board, where each group, as I said, will be focusing on one issue and they'll be brainstorming on that. Whatever they can think about that: legal implications, whatever they know about that and what they want to say to their legislators. And then you will have chosen volunteers or your staff people to act as mock legislators for the next part of the exercise. And you'll assign your mock legislators individual personalities- you really want to prepare them to make this as real life as possible for your participants. Have them be in strong support of certain issues, strongly opposed to other issues. You may, you know, assign one the character of being you know very fiscally conservative, concerned about budget. You know, really make it real for you our participants, because that's really what it's like when you do go meet with your legislators. You could even encourage your mock legislators to wear formal business attire to really drive the point home to the participants that it's, you know, serious business and full of pressure when you go meet them. So again, uh, back in each group they will, um, develop their, their ideas for their testimony or presentation to the mock legislators. You'll want to give them about ten minutes to do all of that. Then each group will make a presentation. You'll want to give each group a few minutes to prepare. You know, maybe about three minutes to get together and sort of craft what their speech is going to be to the legislators. Then you'll want to give them three minutes to make their testimony-and use a timer or some other method to really make sure they only have three minutes, and let them know that that's really what it's like when you go testify, and you have to make it as real as possible so that they really understand what it's like. Also make sure they address fiscal impact, benefits of this issue, who are the people involved, you know, what kind of impact this

issue would have. So again, each group will make their presentation, and after each presentation you want your mock legislators to really pepper them with questions. And make it real! Some legislators will, you know, derail the conversation and ask questions that seem irrelevant, some will ask good questions and be in favor of, you know, the bill or the issue or whatever it is, some are, um, pretty tough and ask lots of questions, so make sure that they do that. And so each group has a chance to testify. Then that part is over and it's time to debrief. For the debriefing what I like to do is give people a list to help, um, stimulate dialogue, um, and analyze what just happened. You know, how did you feel? Most people feel really thrown off when the legislators are asking them all these questions, you can feel kind of unprepared and, um, you know, anxious. So you want to analyze that part, too. Also have them talk about what they noticed in the personalities or methods of the legislators, because that is very much like real life, and it gives you very important information on how those people will vote later on the issues. Um, so that's very important for your groups to know. You could also suggest that they study, um, the bills and other issues that are on the table at that time, because those will probably come up as well. And that's my training. Thank you.

APPENDIX D: SURVEY QUESTIONS

Page 1: Consent Part One

I am a student in the Master of Arts in Interpreting Studies program at Western Oregon University under the supervision of Amanda Smith, associate professor. I am conducting a research study seeking to deepen our understanding of the field of interpreting. The results of this study will be used in my Masters thesis, and may be used in reports, presentations, or publications.

I am inviting your participation, which will involve watching a five-minute video about [topic] and completing an online questionnaire that will take approximately 5 minutes. Only researchers who have been approved by Western Oregon University's Institutional Review Board will have access to data collected for this research. In addition, your responses will be confidential and identifying information such as your name, email address, and IP address will not be collected.

There are no known risks associated with your participation in this survey. The potential benefit of your participation is advancement of the field of sign language interpreting.

Your participation in this study is voluntary. There is no penalty if you choose not to participate or to withdraw from the study. You may withdraw from the survey at any time while responding to the questionnaire. You can simply close your browser and the responses you have submitted will not be collected.

The Institutional Review Board at Western Oregon University has approved this research project. For questions about the review process, please contact the IRB at (503) 838-9200 or irb@wou.edu.

If you have any questions about the research, please feel free to contact me at cjones16@mail.wou.edu, or my faculty advisor, Amanda Smith, at smithar@wou.edu. Clicking on the "agree" button below indicates that:

- you have read the above information
- you voluntarily agree to participate
- you are at least 18 years of age

If you do not wish to participate in the research study, please decline participation by clicking on the "decline" button.

- *Agree*
- *Decline*

Page 2: Demographic Information

Where do you live?

Drop-down menu

- *Each of the 50 states*
- *Other (please specify)*

What is your age?

Multiple choice

- *18 to 32*
- *33 to 50*
- *51 to 70*
- *71 or older*

What is your gender?

Multiple choice

- *Female*
- *Male*
- *Other (please specify)*

What is the highest level of education you have completed?

Drop-down menu

- *Some high school*
- *Graduated from high school*
- *Graduated from college- A.A. degree*
- *Graduated from college- B.A. degree*
- *Masters degree*
- *Ph. D*
- *Other (please specify)*

Do you know American Sign Language?

Multiple choice

- *No*
- *I know a few signs and/or how to fingerspell*
- *I know some American Sign Language but I am not fluent*
- *I am fluent in American Sign Language (***)Participants who select this option will be taken to the “gratitude” page and will not complete the rest of the survey***)*

How familiar are you with working with interpreters?

Multiple choice

- *Not at all familiar*
- *Somewhat familiar*
- *Very familiar*

Page 3: Video

Instructions say “Please watch this five minute video. Make sure your sound is on!”
The video appears below; which version of the video respondents see will be randomized by the survey platform. 50% will see the video with the female interpreter, 50% will see the video with the male interpreter.

Page 4: Open-ended question

What was your impression of the presenter?

Blank text box for respondents to enter their answer

Page 5: Ratings scale questions

Please rate the presenter on the following characteristics

How professional is the presenter?

Likert scale: 1=Not at all professional, 5=Very professional

How friendly is the presenter?

Likert scale: 1=Not at all friendly, 5=Very friendly

How knowledgeable is the presenter?

Likert scale: 1=Not at all knowledgeable, 5=Very knowledgeable

How confident is the presenter?

Likert scale: 1=Not at all confident, 5=Very confident

How intelligent is the presenter?

Likert scale: 1=Not at all intelligent, 5=Very intelligent

How are the presenter’s communication skills?

Likert scale: 1=Poor communication skills, 5=Excellent communication skills

How trustworthy is the presenter?

Likert scale: 1=Not at all trustworthy, 5=Very trustworthy

How competent is the presenter?

Likert scale: 1=Not at all competent, 5=Very competent

How authoritative is the presenter?

Likert scale: 1=Not at all authoritative, 5=Very authoritative

How likable is the presenter?

Likert scale: 1=Not at all likable, 5=Very likable

Page 6: Consent Part Two

Thank you for your participation in this survey. The purpose of this research is to examine whether and how the gender of the interpreter impacts participants’ perception of the presenter. This was not made explicit at the beginning of the survey because I

wanted to allow you to respond naturally without drawing attention to the interpreter, their gender, or their communication style and language choices.

Once again, your responses will be confidential and identifying information such as your name, email address, and IP address will not be collected.

By clicking “agree” you indicate that you consent to your results being submitted and used for this study. If you no longer wish to participate, please click “decline”.

- *Agree*
- *Decline*

Page 7: Gratitude

Your participation is greatly appreciated and will help further the field of American Sign Language/English interpreting. If you would like to know more about this study and the results please email the primary researcher at cjones16@mail.wou.edu.

This study relies on personal networks for distribution. If you would like to invite your friends and colleagues to participate, you can email them this link: [link]. Thank you for your participation!

APPENDIX E: RATINGS CHART

Each demographic group and whether they gave the presenter a higher score in each category when they were listening to the male interpreter or the female interpreter.

	<u>Professional</u>	<u>Friendly</u>	<u>Knowledgeable</u>	<u>Confident</u>	<u>Intelligent</u>
Men	Female	Female	Female	Female	Male
Women	Female	Female	Female	Female	Female
Millennials	Female	Male	Female	Female	Female
Gen X	Female	Female	Female	Female	Female
Baby Boomer	Female	Female	Female	Female	Male
Greatest Generation	Female	Male	Male	Male	Male
Graduated High School	Male	Equal	Male	Equal	Male
A.A. Degree	Female	Male	Female	Female	Male
Bachelors Degree	Female	Female	Female	Female	Female
Masters Degree	Female	Female	Female	Female	Female
Doctoral Degree	Female	Female	Female	Equal	Female
West Coast	Female	Female	Female	Female	Female
Southwest	Female	Female	Equal	Female	Male
Rocky Mountain	Female	Male	Male	Male	Male
Midwest	Equal	Equal	Male	Male	Male
South	Female	Female	Female	Female	Female
Northeast	Female	Male	Female	Female	Female
Blue States	Female	Female	Female	Female	Female
Red States	Female	Female	Female	Female	Female
Purple States	Female	Male	Male	Male	Male
Interpreters: not familiar	Female	Female	Female	Female	Equal
Interpreters: somewhat familiar	Female	Female	Female	Female	Female
Interpreters: very familiar	Female	Female	Female	Female	Female
No ASL	Female	Female	Female	Female	Female
Little ASL	Female	Male	Female	Female	Female
Some ASL	Female	Female	Female	Female	Female

	<u>Communication Skills</u>	<u>Trustworthy</u>	<u>Competent</u>	<u>Authoritative</u>	<u>Likeable</u>
Men	Female	Male	Female	Female	Female
Women	Female	Female	Female	Female	Female
Millennials	Female	Female	Female	Male	Male
Gen X	Female	Female	Female	Female	Female
Baby Boomer	Female	Female	Female	Female	Female
Greatest Generation	Female	Male	Male	Male	Male
Graduated High School	Female	Male	Male	Female	Female
A.A. Degree	Female	Female	Female	Female	Female
Bachelors Degree	Female	Male	Female	Male	Male
Masters Degree	Female	Female	Female	Female	Female
Doctoral Degree	Female	Female	Female	Female	Female
West Coast	Female	Equal	Female	Female	Female
Southwest	Equal	Male	Male	Male	Equal
Rocky Mountain	Female	Female	Female	Male	Male
Midwest	Female	Female	Female	Male	Female
South	Female	Female	Female	Female	Female
Northeast	Female	Male	Female	Female	Female
Blue States	Female	Female	Female	Female	Female
Red States	Female	Female	Female	Female	Female
Purple States	Male	Male	Male	Female	Male
Interpreters: not familiar	Female	Female	Female	Female	Equal
Interpreters: somewhat familiar	Female	Female	Female	Female	Female
Interpreters: very familiar	Female	Female	Female	Female	Female
No ASL	Female	Female	Female	Female	Female
Little ASL	Female	Equal	Female	Female	Female
Some ASL	Female	Male	Female	Female	Female